

Front Cover Sheet

Business (DBA): **South Texas Aluminum Worx LLC**
Contact First Name: **Chris**
Contact Last Name: **Russell**
Business Address: **10020 Compton Rd.**
City: **Corpus Christi** State: **Tx** Zip: **78418**
Business Phone #: **361-657-0555**
Rep Number: **42321**

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.

- Complete Company Application Sales Worksheet (1 page)

- Business Verification – If the Onsite Inspection is not completed one of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

- "Certified" Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the company's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.


Initials

NEW COMPANY APPLICATION

1 COMPANY INFORMATION			
◆ DBA NAME: South Texas Aluminum Worx LLC			
CONTACT NAME: Chris Russell			
◆ DBA ADDRESS TYPE: Business ◆ DBA ADDRESS1 (NO PO BOX) 10020 Compton Rd.			
DBA ADDRESS 2:			
◆ CITY: Corpus Christi	◆ STATE Tx	◆ ZIP CODE: 78418	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA			
◆ BUSINESS COUNTRY OF FORMATION: USA		◆ DBA PHONE #: (361)657-0555	
◆ EMAIL ADDRESS: southtextroll@sbcglobal.net		DBA FAX #: (361)939-8973	
YEAR ESTABLISHED: 1981		MOBILE PHONE #: (361)537-2480	
◆ LENGTH OF CURRENT OWNERSHIP: 39 YEARS, 2 MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			
2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)			
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: <input checked="" type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:		OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING	
CHARGEBACKS: <input checked="" type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:		OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING	
3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)			
◆ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 100%		<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS?	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE: President	IF OTHER:
◆ FIRST NAME: Chris	◆ MIDDLE NAME:	◆ LAST NAME: Russell	
◆ ADDRESS TYPE: Residential ◆ ADDRESS (NO PO BOX): 1501 W Ridge Blvd			
◆ CITY: Corpus Christi	◆ STATE/PROVINCE: Tx	◆ ZIP/POSTAL CODE: 78418	◆ COUNTRY: USA
◆ DOB: 7-26-76	◆ US PERSON: Yes	◆ PHONE #: 3619371451	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: SSN	◆ ID #:	◆ IF OTHER - ID TYPE:	
◆ IF OTHER ID #:	◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT:	◆ ISSUING COUNTRY (IF APPLICABLE):	◆ ISSUING STATE (IF APPLICABLE):	
◆ DOCUMENT #: 462-83-2158	◆ ISSUE DATE:	◆ EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. <input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH			
OTHER COMPANY INFORMATION			
◆ AVERAGE SALE AMOUNT: \$ 1,000	<input type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$ 9,000	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT 95%	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:	<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* 5%	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 30,000	<input type="checkbox"/> OMNI COMMERCE	INTERNET* _____ %	
◆ ANNUAL REVENUE: \$	◆ INTERNET : PRODUCT WEBSITE:		
◆ INDUSTRY TYPE:	◆ INTERNET: "CONTACT US" EMAIL:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Marine Fabrication	◆ CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
SPECIAL PROGRAM MCC ONLY:	◆ CUSTOMER SERVICE PHONE #:		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?	◆ PREVIOUS PROCESSOR: Elavon		
IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)	◆ CUSTOMER SERVICE PHONE #:		
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)	◆ PREVIOUS PROCESSOR: Elavon		
<input type="checkbox"/> JANUARY <input type="checkbox"/> FEBRUARY <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE			
<input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER <input type="checkbox"/> NOVEMBER <input type="checkbox"/> DECEMBER			

 Initials

BANK ACCOUNT (CHECK AS ACCOUNTS ONLY)		
DEPOSIT BANK NAME Charter Bank	ABA/ROUTING # 114923976	DDA ACCOUNT # 7648860
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT)	ABA/ROUTING #	DDA ACCOUNT #
TAPE ID (OPT)	<input type="checkbox"/> FAST TRACK FUNDING	<input checked="" type="checkbox"/> DAILY DISCOUNT

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)	PRICING CATEGORY
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*	<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MOTO/INTERNET <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU <input type="checkbox"/> LODGING <input type="checkbox"/> OMNI COMMERCE <input type="checkbox"/> SUPERMARKET (T-OP1 & EICP ONLY)
<input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX	

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						APPLICATION FEE	\$
<input checked="" type="checkbox"/> C4 PRICING FIXED PRICING PROGRAM 00111	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	INSTALLATION/TRAINING	\$
	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RETURN ITEM FEE/NSF (PER OCCUR)	\$25
QUALIFIED	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	ACCOUNT MAINTENANCE	\$ 20
MID QUALIFIED	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	CHARGEBACK (PER OCCUR)	\$25
NON QUALIFIED	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	2.9126 % + \$0.00	ANNUAL FEE START DATE:	\$
OTHER TIER	<input checked="" type="checkbox"/> CHECK CARD (T-opt/EIC-req) <input type="checkbox"/> SPRAKT (T-opt/EIC-NA) <input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)					MONTHLY MINIMUM	\$
REWARDS TIER (T-opt/EIC-req)	1.00 % + \$0.25	1.00 % + \$0.25	1.00 % + \$0.25	1.00 % + \$0.25	1.00 % + \$0.25	MONTHLY SERVICE FEE	\$20
COMMERCIAL CARD TIER (T-opt/EIC-req)	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	OTHER:	\$
PASS THRU: <input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF MARKUP	VISA RATE (%) + PER ITEM (\$)	MASTERCARD RATE (%) + PER ITEM (\$)	DISCOVER* RATE (%) + PER ITEM (\$)	UNIONPAY RATE (%) + PER ITEM (\$)	AMERICAN EXPRESS RATE (%) + PER ITEM (\$)	OTHER:	\$
<input type="checkbox"/> DIFFERENTIAL	VISA RATE (%) + PER ITEM (\$)	MASTERCARD RATE (%) + PER ITEM (\$)	DISCOVER* RATE (%) + PER ITEM (\$)	UNIONPAY RATE (%) + PER ITEM (\$)	AMERICAN EXPRESS RATE (%) + PER ITEM (\$)	OTHER:	\$
QUALIFIED	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	STATEMENT: <input type="checkbox"/> ELECTRONIC OR <input checked="" type="checkbox"/> PAPER	
NON QUALIFIED	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	___ % + \$___	PRICING PROGRAMS	
Discover includes JCB, DL, PAY PAL PAYMENT DEVICE						MONETARY PROGRAM: 00111	
**PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.						AUTH PROGRAM:	
						EQUIPMENT: 59999	
						MISCELLANEOUS: 59999	

AUTHORIZATIONS (PER OCCURRENCE)					SAFE T SERVICES BUNDLE	
VISA	\$ 0	UNIONPAY	\$ 0	VOICE AUTH TOUCH TONE	\$ 1.95	<input checked="" type="checkbox"/> ASSOC COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD <small>Per month, taxes and other fees may apply, see company representation and certifications)</small>
MASTERCARD	\$ 0	WEX	\$ 0	VOICE- OPERATOR ASSISTED	\$ 1.95	
DISCOVER	\$ 0	DIAL COMMUNICATION	\$ 0	VOICE - WITH AVS	\$ 1.95	
AMEX	\$ 0	OTHER:	\$ 0	VOICE - BANK REFERRAL	\$ 1.95	

PIN DEBIT	MONETARY: <input checked="" type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS)* <input type="checkbox"/> SURCHARGE (FLAT RATE)	AUTH: <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input checked="" type="checkbox"/> FIXED (FLAT RATE)
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) 1.00 % + \$0.25 AUTH \$ 0.00		
INTERLINK ___ % + \$___ AUTH \$___	MAESTRO ___ % + \$___ AUTH \$___	UPDBT ___ % + \$___ AUTH \$___
AFFN ___ % + \$___ AUTH \$___	ALASKA ___ % + \$___ AUTH \$___	CU24 ___ % + \$___ AUTH \$___
NYCE ___ % + \$___ AUTH \$___	PULSE ___ % + \$___ AUTH \$___	SHAZAM ___ % + \$___ AUTH \$___
		NETS ___ % + \$___ AUTH \$___
		STAR ___ % + \$___ AUTH \$___


*A PIN DEBIT ENABLEMENT SERVICE PER ITEM FEE WILL BE BILLED BASED ON THE REQUIREMENTS FOUND IN THE COMPANY REPRESENTATIONS AND CERTIFICATIONS SECTION 5 FOR IC PLUS PRICING METHOD ONLY.

OTHER CARD TYPES EXISTING			
AMEX SE # (10 DIGITS):	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$
OTHER SE #:	PER AUTH: \$	OTHER SE #:	PER AUTH: \$
		<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)	
		<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)	

AR Initials

POINT OF SALE (EQUIPMENT OR SOFTWARE)										
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER				<input type="checkbox"/> A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION				COMMUNICATION METHOD (IP DEFAULT) <input type="checkbox"/> DIAL		
VAR SERVICE PROVIDER (HOSTED):			VAR (DISTRIBUTED) VENDOR:		PRODUCT:		VERSION:			
# OF TIDS			TID TYPE OMNI ONLY:		# OF TIDS		TID TYPE OMNI ONLY:			
QTY	POS DESCRIPTION	ITEM CODE	TID TYPE <small>OMNI ONLY</small>	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	Tetra Desk 3500			\$	\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONVERGE HOSPITALITY MONTHLY FEE: \$						SURCHARGES PLEASE CHECK LOCAL LAWS, AS SURCHARGING IS PROHIBITED IN CERTAIN STATES. <input checked="" type="checkbox"/> CREDIT CARD SURCHARGING RATE 3.00% <input checked="" type="checkbox"/> CREDIT SURCHARGE TO MERCHANT				
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)										
<input type="checkbox"/> ELAVON BILLS ONE TIME FEES <small>Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services. Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.</small>										
ADDITIONAL POS SERVICES:	DESCRIPTION				SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE		
					\$	\$	\$	\$		
					\$	\$	\$	\$		
SOFTWARE/WIRELESS										
RENTAL EQUIPMENT:	QTY	POS DESCRIPTION	ITEM CODE	TID TYPE <small>OMNI ONLY</small>	MONTHLY RATE PER UNIT	ANNUAL FEE PER UNIT	MONTHLY FEE PER UNIT	SETUP/SIM CARD FEE PER UNIT	PER AUTH FEE	
					\$	\$	\$	\$	\$	
					\$	\$	\$	\$	\$	
					\$	\$	\$	\$	\$	
					\$	\$	\$	\$	\$	
<i>Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide; a link to the Operating Guide can be found in Section 5 of this Application, below.</i>										
TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)										
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)		
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		TIP FUNCTION (DEFAULT)		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION				
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY				
<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ <input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ _____ (MAX)										
<input type="checkbox"/> CUSTOM FOOTER: _____										
CUSTOM PROMPTS: <small>(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)</small> <input type="checkbox"/> NO TIP (REST) <input type="checkbox"/> NO SERVER PROMPT (REST) <input type="checkbox"/> CLERK PROMPT (RTL) <input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED) <input type="checkbox"/> TIP FUNCTION WAITER (RTL)										
<input type="checkbox"/> TIP FUNCTION CASHIER (RTL)										
TRAINING (DEFAULT = NO TRAINING):			<input type="checkbox"/> TRAINING		PHONE INFORMATION: ACCESS #:		CONTACT NAME:		CONTACT PHONE #:	

REPORT TOOLS											
<input type="checkbox"/> MCP ONLY		<input type="checkbox"/> OR		<input type="checkbox"/> MCP WITH OCM		MONTHLY FEE \$ _____	SET UP FEE \$ _____	# USERS _____	SET UP TYPE (CHECK ONE) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT		
<input type="checkbox"/> ACS				MONTHLY FEE \$ _____	SET UP FEE \$ _____	REMOTE ID _____					

 Initials

SUBSTITUTE FORM W-9

SOLE PROPRIETOR
 C CORPORATION
 S CORPORATION
 PARTNERSHIP
 UNINCORPORATED ASSOCIATION
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)
 GOVERNMENT
 TRUST
 ESTATE
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY, C= C CORPORATION, S= S CORPORATION P=PARTNERSHIP) (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME: **Russell Outdoors, Inc.**
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME

LEGAL BUSINESS ADDRESS (NO PO BOX): **9705 S. Padre Island Dr.** OR TIN (EMPLOYER ID #) **20-2782101**
 CITY: **Corpus Christi** STATE: **Tx** ZIP: **78418** OR TIN (SOCIAL SECURITY #):

COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company, and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOQ_ENG.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

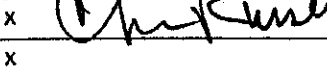
This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original. A PIN Debit Enablement Service Fee will be collected for any Interchange and Assessment savings generated through PIN Debit routing on your monthly PIN Debit transactions for Interchange Plus customers only. This monthly fee will be calculated from your actual PIN Debit transaction volume and will be a percentage of your overall PIN Debit cost savings. The PIN Debit Enablement Service Fee collected and the Interchange and Assessment savings will be reflected on your monthly statement.

* By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.
 **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the above named Company, and the information provided about the beneficial owner(s) and/or the individual with control over the above named Company is complete and accurate.

SIGNATURE: X 	PRINTED NAME: Chris Russell	TITLE: President	DATE: 1/16/20
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X 	PRINTED NAME: Chris Russell	DATE: 1/16/20
SIGNATURE: X	PRINTED NAME:	DATE:

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X 	PRINTED NAME: Peggy Jordan	REP ID #: 42321	DATE: 1-15-2020
REP PHONE #: 7139072928	REP EMAIL: p.jordan@impactpays.net	ELAVON USA-MSP-ELV-0319	

 Initials

SALES WORKSHEET

DBA: South Texas Aluminum Worx LLC

ACCOUNT DESIGNATION				
<input checked="" type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #	LOCATION OF /
PORTFOLIO CODE:	FI: 0542	AGENT: 7000	BANK: 3950	MSP SHORT NAME: MS IMPACT
CLIENT GROUP #: 17	ENTITY: 44928	REP #: 42321	AWB.	
BUSINESS VERIFICATION				
DOCUMENTARY IDENTIFICATION:				
DOCUMENT VALIDATION TYPE:		ISSUING STATE/PROVINCE:		ISSUING COUNTRY: USA
DOCUMENT #:	ISSUED DATE:		EXPIRY DATE:	
LEGAL VERIFICATION				
DOCUMENTARY IDENTIFICATION:		EVIDENCE OF LEGAL STATUS:		
DOCUMENT VALIDATION TYPE:		ISSUING STATE/PROVINCE:		ISSUING COUNTRY: USA
DOCUMENT #:	ISSUED DATE:		EXPIRY DATE:	
ON-SITE INSPECTION:				
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:				
BUSINESS LOCATED IN: <input checked="" type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):				
<ul style="list-style-type: none"> • I HAVE PHYSICALLY BEEN ON SITE • MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) • THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS • MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 				
PERSON MET WITH: Chris Russell				
PRINTED NAME: Peggy Jordan		REP #: 42321	DATE: 1-15-2020	
SPECIAL INSTRUCTIONS				
CREDIT UNDERWRITING NOTES:				
ADDRESS NOTES:				

CAR