MERCHANT PROCESSING AGREEMENT

Merchant Application and Fee Schedule

8500 Governors Hill Drive Symmes Twp, OH 45249-1384 Phone: 888-208-7231 Fax: 877-822-1248 Please carefully complete the Application and read the Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. The Terms and Conditions can be viewed at http://info.vantiv.com/NPCCMA. Please retain the website to review the Terms and Conditions as well a copy of the Merchant Application for your records. Worldpay ISO, Inc. ("NPC") and Member Bank's acceptance of this Application will be made in a manner authorized in the Agreements and/or Terms and Conditions.

Bank # or Merchant Association #:

Sales Representative ID Number (9 digit or 16 digit code)

1		1	5		0			0															
SE	CTION	1 M	ERCHAN	IT BUS	SINES	S II	NFOR	MATI	ION														
										Contact Name: MANDY WILDMAN													
Bus	Business Name (DBA):									arters E	E-mail a	ddre		୭GMAI		Website:							
Bus	Business Location Address:									В	Susiness	Bill	ling Address: (_E AVE, 10TH	if differ	ent fron	n location	addr	ess)					
2522 E KENOSHA City, State, Zip:										Sity, Stat			TFLOC	Л									
BROKEN ARROW, OK, 74014										TÚLSA, OK, 74135													
Phone #: Fax #: (918) 355-1391										Phone #: Fax #: (918) 355-1391													
Fed	leral Ta	ax IC	<mark>) </mark>	25394	5																		
SE	CTION	2 B	ENEFICI	AL/CO	NTRO) L (OWNE	RSH	IP INFO	ORMATIC	NC												
owr frau inve	ners of id, and estigate	cert othe	ain lega er finano d prosec	l entity cial crir cute the	custo nes. F ese cr	ome Rec rime	ers. L quirin es.	egal o g the	entities disclo	s can be sure of k	abuse	d to dis	sguise i	involven	nen	t in terrorist fin ol a legal entity	ancing y (i.e., 1	, money	/ launderii eficial ow	ng, ta /ners	ax ev) helj	about the benefic asion, corruption, ps law enforceme	,
		U	Entity:		Gov Indiv	ern /idu	iment ual/So	(Fed	e/Trus leral/S roprieto	tate/Loca	al) ⊠ L	LC	al Institu ofit/Tax-		t (50	□ Partne □ Privat □1C) □ Public	e Corp			□ SI	EC R	Registered Entity	
			/Officer/ Shankle		oal Na	ame	e:					ile: wner		DOB: SSN #: 9/10/1979 443-92-8369				Ownership Percentage 75					
	ne Ado 69 W S		s: ly Grove	Rd										State, ZIP: eguah, OK 74464							Phone #: (405) 808-7605		
			ner/Offic		cinal	Na	me.				Tit	le.	. and e	quan , e		DOB:		SSN #:		(<i>.</i>	Ownership	
Ker	neth K	Ceith	Shankle		oipai							wner				9/10/1979		443-92				Percentage 75	
	ne Ado 69 W \$		s: ly Grove	Rd										State, ZI quah, O		4464					one # 5) 80	≠:)8-7605	
			ner/Offic		cipal	Na	ime:				Tit	Title:				DOB:		SSN #:				Ownership Percentage	
Hor	ne Ado	dress	8:										City, S	, State, ZIP:						Phone #:			
Ber	eficial	Owr	ner/Offic	er/Prin	cipal	Na	ime:				Tit	ile:		Ľ		DOB:		SSN #:				Ownership Percentage	
Hor	ne Ado	dress	8:										City, S	State, ZI	P:					Pho	one #		
Ber	eficial	Owr	ner/Offic	er/Prin	cipal	Na	ime:				Tit	ile:				DOB:		SSN #: 	:			Ownership Percentage	
Hor	ne Ado	dress	3:								•		City, S	y, State, ZIP: Phone #:									
SE	CTION	3 II	MPORTA	NT DI	SCLO	SU		ercha	ant ack	nowledg	ies rece	eint of I	NPC's d	locumer	ntati	ion which incl	ludes N	lerchan	t Processi	ina A	aree	ment Ver.GEN.07	18
1841																				ing A	gree	Hent Vel.OLN.07	10
pro res Mei res IMI Mai Ope ens aut	ducts of ponsib mber is erve the PORTA intain f erating ure the hority s	direc le fo s res at a NT I raud Reg e Me shou	tly to a I r educat ponsible re derive MERCHA and cha gulations rchant u ld the M	Mercha ing Me ofor ar of from NT RE argeba s. The i inderst erchar	ant. (2 erchar nd mu n settle SPON ick be respontands nt hav	2) A nts ist j em so nsi so re a	A Visa on pe provid ent. BILIT v thre bilitie me in any p	a Men ertine de set IES: shold s liste nporta robler	nber m int Visa ttleme (1) En: ds. (3) ed abo ant obl ms.	ust be a a Operation funds sure con Review ve do no ligations	n princip ing Reg to the M npliance and uno ot super	oal (sig gulatior Mercha e with o derstar rsede t	ner) to t ns with ant. (5) cardhole nd the term	the Mer which I The Vis der data terms of the of the nat the V	cha Mero a se the e Mo 'isa	ved to extend a nt Agreement. chants must cc lember is resp curity and stor Merchant Agree Member (Acqu	(3) The omply. consible rage re reemer ment a uirer) is	ne Visa (4) The for all t quirement. (4) C and are p	Member is Visa funds helo ents. (2) Comply wit provided t	d in 8 th .o	ا 5500 Sym	MEMBER BANK: Fifth Third Bank /o Worldpay LLC Governors Hill Dumes Township, C 45249 (866) 250-9764	
Sig X	nature	(Sig	nature r	n <mark>ay b</mark> e	evide	enc	ed by	y facs	simile)					Na	ame	e (please print)	<u> </u>				Date)	

Worldpay ISO, Inc. ("NPC") is a registered ISO of Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH 45263

Merchant's Business Name (Legal): SHANKLE DENTAL BROKEN ARROW PLLC

□ Ownership or			1	27.00											
Change	Leyal		Clo		C Existing	g MIC	D#:		Close	Date Exis	U U	(Open Date:	1/1/1984	
Annual Volume (Visa/MC/DS/AX):	\$437	,880.00)		Card esent	95	5	% Card Swipe	95	(Manua	% Imprint ly Keyed)	0	%	6 B2B	0
Average Ticket (Visa/MC/DS/AX):	\$40	00.00	0	% Card Pre	l Not esent	5		% МОТО	5		% Internet	0	Interna	% of tional Cards	0
Highest Ticket (Visa/MC/DS/AX):															
□ Add'l. Locatio	Add'I. Location 1st Location MID:														
Type of Goods/ Service Sold:	ervice Sold: Check One): Refund days or less exchange only Other														
Seasonal Sales: □ Yes ☑ No Active Months: □ JAN □ FEB □ MAR □ APR □ MAY □ JUN □ JUL □ AUG □ SEP □ OCT □ NOV □ DEC															
SECTION 5 CO															
Do you (MERCHANT) have a □ 3rd party software application/gateway or □ POS Terminal Are you compliant with the Payment Card Industry Data Security Standards? □ YES ☑ NO															
If yes, identify S	ecurity	Asses	sor an	d certif	icate num	ber:						fication Date			
Have you been victim of a comp								u have been the	If yes, have y Do you store Paper - □ `	cardholde	er data?	$1 \text{ ion } ? \Box Y \equiv 1$	′ES ⊡NO S⊡ NO		
Third Party Soft	Third Party Software/Gateway Vendor Name and Address: Third Party Software/ Gateway Vendor Contact Information:														
Version #	rsion # Merchant data to which this vendor has access:														
	Does software store cardholder information? Yes No Is Third Party Software/Gateway PCI DSS and/ or PA DSS Compliant ? Yes No														
All merchants must comply with the Payment Card Industry Data Security Standard ("PCI DSS"). Merchant is required to maintain the security of card data and to comply with the requirements of the PCI DSS. Merchant must validate its compliance with the PCI DSS and provide NPC with evidence that Merchant (a) has successfully completed a Self Assessment Questionnaire and scan(s), if applicable, and (b) is compliant with the PCI DSS. NPC has created the PCI Program (the "PCI Program") to assist merchants in securing card data and complying with PCI DSS. You are enrolled in the PCI Program and the applicable fees will be assessed in accordance with the terms of the PCI Program. Information on the PCI Program is set forth in Section 15 of the Terms and Conditions and the applicable fees are set forth in Section 11. All gateway or other vendor supplied software must be compliant with the Payment Application Data Security Standard rules ("PA DSS").															
SECTION 6 ME		ΤΒΔΝ	K ACC	OUNT	INFORMA	TION									
In accordance w	vith the	terms /e Pren	set ou nium A	t in the CH. A	Merchan CH can b	t Pro e pe	cessing rformed	Agreement, fund by the following becial approval	ds will be trans entities: Men	sferred to ber Bank	/from the acc ,NPC or any	count as deli y authorized	neated. If r agent of N	othing is cl PC or any	hecked, Third Party
Deposit Time Fr	ame:		emium	ACH	Alter	nate	Fundin	g*				Combined	🗆 By Ba	tch	
Any ACCOUNT account #1 will I				must t	be a valid	acco	ount nui	mber for handling	ACH deposit	s and with	drawals.	If more than	one accou	int is indica	ited,
Routing #1:	1	0	3	1 (0 1	2	6	2 DDA Acc	ount Type: 🛛	Checkin	g 🗆 Saving	IS			
Account #1:	4	0	1	2 5	5 3	6	1								
Routing #2:								DDA Account	t Type: 🛛 Ch	ecking	□ Savings				
Account #2:											If a second a				rgebacks
Section 7 CHEC						_	_					-			
terms and condi other service pro	tions fo ovider.	r Chec	k prod	ucts ac	cceptance	as s	stated in	ing Agreement, M the Merchant Pr ACH Services, M	rocessing Agr	ement or	as provided	l by Check s	ervices pro	vider, SPS	-EFT, or
other service pro		checks	\$100)00 and	d areater:	Anr	emium	of 0.10% (ten ba	sis noints) will	be charg	ed in addition	to the disco	unt rate		
^**These fees a					- .	թ	2			Se ondry					
Check Service Discourse Rate					Transact Fee			Check S			Discount Rate	Transaction Fee	Other Check21 Fees		Fees
Check Conversion								k21 POS - Guara k21 POS - Non-G			0.00	0.00	Check21 Return Fee ^{***} : \$ 5.0		
Check Conversion								k21 POS - Non-G k21 Remote - Gu			0.00	0.00	Monthly Check21 Access		
w/o Guarantee								k21 Remote - No		Guarantee ** 0.00			Fee ^{***} : \$ 5.00		
Paper Check	W/							k21 POS Payroll k21 POS Payroll							
# of Checks Monthly:	Amour	nt:	Largest C Amou	heck		Anthly Service Fee ^{***} :	Batch Fe		onthly Minimu \$25.00	im^**: Anni	ual Fee ^{^**} : 559.95		tion Fee ^{^**} : 25.00		
NPC.CMA.071	8.MAG.	Г1137		Wo			("NPC")	is a registered ISO of	of Fifth Third Bar	k, 38 Foun					ge 2 of 5

Merchant's Business Name (Legal): SHANKLE DENTAL BROKEN ARROW PLLC

Merchant's Business Nan SECTION 8 FEE SCHEDUL													
APPLICATION Tiere	ed^		at Rate [*]			DISCOUNT:	Daily	CARD	ADTIONIS:	Il Cards 🗆		Cards	
	rchange#		ash Adva				☑ Month	ny		Debit Card Or	ıly		
BUSINESS TYPE SUB BUSINESS TYPE	☐ Retail					ohone Order	Internet 10TO/CardS		ge Ticket				
VISA/MASTERCARD/DIS			1		1	•		•					
Rate Cate		v/lviC/D)	Discour	it Rate	Trar	nsaction Fee	AMERIC	CAN EXPRES	S Rate Category*	Discount F	Rate T	ransaction Fee	
Base			0.1	2 %	\$	0.08	Base			0.28	%	\$ 0.15	
Mid-Qualified ¹ (Not Applicable for Retail Key Entered, MOTO	D, Internet, DialPay	Merchants)	+ 0.0	0 %	+\$	0.00	Mid-Qualif	ied ¹		+ 0.00	%	+\$ 0.00	
Non-Qualified ²			+ 0.0	0 %	+\$	0.00	Non-Qualit	fied ²		+ 0.00	%	+\$ 0.00	
Base Debit NON PIN-Bas (Same as V/MC/D Discount Rate if left blank)	ed ³ Regulated	d Only⁰ □	0.0	0 %	+\$	0		Mis	cellaneous Pro	duct Fees			
☑ Debit PIN-Based ⁴	Monthly Ho	osting Fee	0.1	0 %	\$	0.08	□ Wireless	Service ³					
Depit Fin-Daseu	\$ 0	.00	0.1	0 70			Quantity	Cotup Foo	Monthly Hosting	Transaction	Гаа		
Qualified Rewards ⁵				%	,	Same as Visa/MC/ Discover	Quantity	Setup Fee \$	Fee \$	Transactior	1 Fee		
						nsaction Fee		Ψ	Ŷ	· Ψ			
Transaction fees are charg	ged for all tr	ansactior	authoriz	ation a	ttem	pts.	□ Micros ³						
¹ Added to Base discount ra ² Added to applicable Mid-O	Qualified dis	scount rat	e and tra				Quantity	Setup Fee	Monthly Hosting Fee	Transactior	n Fee		
³ Transaction fee is in addit Qualified transaction fee, r						or Non-		\$	\$	+\$ 0.0	0		
⁴ Debit Network Interchange						and anv	□ Internet S	and and 3					
miscellaneous fees will be	assessed of	or allocate	ed to Mer	chant a	at the	then current		Services					
rate determined in accorda							Quantity	Setup Fee	Monthly Hosting Fee	Transactior	n Fee	Batch Fee	
⁵ Same as Mid-Qualified dis categories collected by NF							-						
Internet, DialPay Merchant				,		,,		\$	\$	+\$		\$	
NON PIN debit transactions from exempt issuers will fall under the Base V/MC/D discount rate. If a rate is identified but the Regulated Only box is not checked, then this rate applies to all Base NON PIN debit transactions. "If the Retail Key Entered/MOTO/Internet/DialPay Business Type is selected, Rewards cards will be charged discount rates plus 0.11% (0.0011) on all transactions. NPC's processing fees and Card Brand interchange fees are included in the discount rate. All other Card Brand fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures. *INTERCHANGE MERCHANTS ONLY - CARD ORGANIZATION FEES: Visa, MasterCard and Discover Interchange fees, assessments and other fees will be													
assessed or allocated to N * FLAT RATE MERCHANTS									1 01		o rolati	d to	
International transactions.						nees are inc				ve except lee	sielate	iu lo	
*AMERICAN EXPRESS - Ex Annual Estimated or Actua Program.	tisting Amer I American	rican Exp Express	ress Nun Volume i	nber ⊑ s less] YE	\$1,000,000.0	00 ☑ YES				America	an Express	
 □ By checking this box, M ☑ By checking this box, M 								Materials.					
SECTION 9 OCCURRENCE													
Batch Fee ^{tt}	\$0.00	/per bate	ch 🗆	MyMe	rchan	tData.com	\$0.00	/month	□PCI Program F	ee - Annual ⁴	\$0.00	/annual	
ACH DBA Change Fee	\$25.00	•		Minim	um Bi	ill	\$0.00) /month			\$0.00	/month	
On File Fee	\$8.00	/month		Group	Annı	ual	\$0.00	Charged in th Month of	e .			monun	
Card Brand Usage Fee (NABU) - MasterCard ²	\$0.06	/each		2.040			φυ.υ	November Charged in th	□Regulatory and Fee⁵ e		\$0.00	/annual	
Card Brand Usage Fee (NABU) - Visa ²	\$0.06	/each		Semi /	Annua	al Fee	\$0.00	Months of November a	PCI Program F				
Retrieval Request	\$15.00	/each						6 months	□Advantage Buy			/month	
Voice Authorization Fee	\$1.95	/each		Morah	ont T	raining	¢0.00	thereafter	PCI DSS Non-Va	alidation Fee	\$19.9	/each	
Chargeback Fee	\$25.00			Welco		raining it		/once /once	IVR Authorization	ns	\$0.00	/each	
Return ACH(s) are subject ^{††} Same as V/MC/D base tr ¹ The initial term of the Mer- expiration of the initial term Terms and Conditions. If li	to a \$25.00 ansaction f chant Agree or any ren	0 fee for e ee if left t ement is 3 newal terr	each occu blank; if b 3 years a n, you wil	urrence ase V/ nd aute I be su	e. MC/D omati bject) transaction ically renews to an Early I	fee is left bla for addition Deconversio	ank, the fee is a al 2-year period n Fee ("EDF")	ds. If this Agreemen in accordance with	the terms of S			
² The Card Brand Usage Fe	ee (NABU)	includes t	the Maste	erCard							ee, and	the Visa Base	

Il Transaction Fee and applies to Tiered Merchants Only.

³See Schedule I of the Terms and Conditions for additional information.

⁴Merchant may be charged a PCI Non-Compliance fee of \$19.95 per month per MID. Please refer to Section 6.G of the Terms and Conditions ⁵See Section 13 of the Terms and Conditions for additional information.

NPC.CMA.0718.MAG.T1137 Worldpay ISO, Inc. ("NPC") is a registered ISO of Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH 45263

Merchant's Business Name (Legal): SHANKLE DENTAL BROKEN ARROW PLLC

Merchant's Business Name (Legal): SHANKLE DENTAL BROKEN A			
SECTION 10 UNLIMITED PERSONAL GUARANTY AND CREDIT INFOR			
PERSONAL GUARANTEE: In exchange for NPC's and Member Bank's	acceptance of this Merchar	nt Agreement, each person si	gning immediately below this
paragraph (each such person, a "Guarantor") is signing this Merchant			
Agreement. By signing below, each Guarantor (i) accepts and agrees	to be bound by the Continuir	ng Unlimited Guaranty provis	ions starting in Section 11 of the
Terms and Conditions, and (ii) acknowledges and confirms that, prior			
Guarantor individually authorizes NPC, Member Bank, and/or either o			
of him or her by utilizing a third-party credit reporting agency and/or to			
Agreement, which is incorporated herein by reference as if fully set for			
	Guarantor Name:	the continuing chimited cut	Date of Signature:
	Guarantor Name.		Date of Signature.
Home Address		City, State, ZIP:	
Home Address		City, State, ZIP.	
Date of Birth: Social Security Number:	Phone #:		
SECTION 11 PATRIOT ACT AND BACKGROUND AUTHORIZATION			
To help the government fight the funding of terrorism and money laund			
record information that identifies each person (including business entit	ties) who opens an account.	What this means for you: Wh	en you open an account, we will
ask for your name, physical address, date of birth, taxpayer identificat	ion number and other inform	ation that will allow us to iden	tify you. We may also ask to see
your driver's license or other identifying documents. The undersigned e	entity(ies) and individuals her	eby unconditionally authorize	e NPC and Member Bank or its
agents to (i) investigate the information and references contained here	ein, and to obtain additional i	nformation about the Mercha	nt and such individual(s) by pulling
credit bureau and criminal background checks on the Merchant and its	s principals, including obtaini	ng reports from consumer rep	porting agencies on individuals
signing below as an owner or general partner of Merchant, or providing			
Bank whether or not a consumer report was requested, NPC and/or N			
NPC and/or Member Bank will give the individual the name and addre			
the terms of service of the Merchant Agreement. By providing your SS			
NPC and Member Bank to obtain your consumer credit report.	and signing this Application	on, you, in your individual cap	acity, uncontaitionally authorize
, , ,			
SECTION 12 MERCHANT ACKNOWLEDGEMENTS AND SIGNATURE			
Merchant agrees to and accepts the terms and conditions set forth in t			
(GEN.0718) as if fully set forth herein (collectively, the "Merchant Agree			
acknowledges that no handwritten changes have been made to the pr	inted text of the Merchant Ag	preement and that the parties	may produce and rely on a copy
or electronically stored image of the Merchant Agreement for all legal	purposes. Merchant represer	nts, warrants and certifies to I	NPC and Member Bank that it has
reviewed all pages of this Application, that all information provided her	ein is true, correct and comp	lete and that NPC and Mem	ber Bank may rely on the
information contained in this Application, without further investigation,	for all purposes. Merchant a	cknowledges and agrees that	t NPC and Member Bank are in no
way responsible or liable for the actions, inactions, performance or lac			
represents that it has chosen for itself any services, equipment or third			
promises, representations, warranties, or covenants of the independent			
Merchant Agreement shall not be altered by any prior, contemporaned			
release of Merchant information in accordance with the provisions of \$			
		Conditions. It Merchant does	not want to participate in the
American Express Program, the applicable Opt Out Box has been ma			
IN WITNESS WHEREOF Merchant has caused this Agreement to be			
Terms and Conditions. The Agreement shall be binding upon Mercha	nt upon the earlier of Mercha	ant's execution below or Merc	nant's first processed electronic
transaction.			
MERCHANT			
Signature (Signature may be evidenced by facsimile)	Name (please print)		Date
X			
NPC.CMA.0718.MAG.T1137 Worldpay ISO, Inc. ("NPC") is a re	gistered ISO of Fifth Third Bank, 3	8 Fountain Square Plaza, Cincinna	ati, OH 45263 Page 4 of 5

NPC.CMA.0718.MAG.T1137

SECTION 13 COUNTER PROVIDER OPE - NPC to ship equipment SOP = Sales office to ship equipment MER = Merchant owned in the ship equipment SoP = Sales office to s	Merchant's Business Name (Lega	al): SHANKL	E DENTAL B	ROKEN ARRC	W PLLC							
LERMINAL Verificer V280 Dc Clis 1 MER CODE Prim Pail CODE Prim Pail CODE VarUsa Epsy-510 1 MER Image: Control of the cont	SECTION 13 EQUIPMENT SETUP		PROVIDER	CODE: NPC =	NPC to ship e	equipment SOF =	= Sales office to ship e	equipment MER = Mercl	nant owned			
Vertices VESD DC Image: Color Color New Texponance Color Other Provider Code: Other Provider Code: Other: Provider Code: Provider Code: Other Provider Code: Other: Provider Code: Provider Code	TERMINAL	οτν	PROVIDER	DDI	NTED	PROVIDER	DIN	DAD	PROVIDER			
Var-Use Epey-610 1 MER Image: Control of the control				FN		CODE	FIN		CODE			
Other: Provider Code: Other: Provider Code: Other: Provider Code: EQUIPMENT SOFTWARE SOFTWARE NAME PUBLISHER VERSION EQUIPMENT FORMS THE DEFAULT SELECTON WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW CASH ADVANCE INFORMATION VES INO Auto-Close+ YES INO Cash ADVANCE INFORMATION VES INO Store N Frain YES INO Cash ADVANCE INFORMATION VES INO Store N Frain YES INO Store N Frain Purchase YES INO Store N Frain YES INO Store N Frain Purchase YES INO Debt Cash Back Frain Frain YES INO Promp YES INO Debt Cash Back Comments: Comments: EQUIPMENT SHIPPING INSTRUCTIONS Required 2MLY if ordered through NPC - Default shipping options (indicated by ') will be applied for any option not selected below Store N Frain Restrict NO Ship To: Z Do Nol Ship Mechanit Location ' I ISO Location ' Other I I 3D 20, Other Night Granul Cash Advece Rectored Kit SHIPPING INSTRUCTIONS Required Hweloome kit is shipping options (indicated by ') will												
Other: Provider Code: Other: Provider Code: Other: Provider Code: Other: Provider Code: EQUIPMENT SOFTWARE INFORMATIONE COLUMENT OPTIONS SOFTWARE NAME PUBLISHER VERSION EQUIPMENT OPTIONS THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW CASH ADVANCE EVEL NO Cash 4Degits Calaboding VES INO Cash Back Default SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW CASH ADVANCE EVEL NO Cash Back VES INO Cash Back Default SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW CASH ADVANCE Mill Mill Michael Mill Mill Mill Michael Mill Mill Mill Mill Mill Michael Mill Mill Michael Mill Mill Michael Mill Mill Mill Mill Mill Mill Mill Mil	Var-Usa Epay-610	1	MER									
EQUIPMENT SOFTWARE SOFTWARE NAME PUBLISHER VERSION EQUIPMENT SOFTWARE THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW CASH ADVANCE EQUIPMENT SOFTWARE YES NO Auto-Close++ YES NO Tos YES NO Curvity YES NO Store N FORWARE YES NO Tos YES NO CASH ADVANCE Curvitase YES NO Store N FORWARE YES NO Dobit Cash Back YES NO Participation YES NO Dobit Cash Back YES NO Bar Tab YES NO PBX Code B go Max Amount FEAST PAY (FPS) Cash Back YES NO Stift Merchant YES NO Password Tes YES NO All YES NO First Merchant YES NO Password Tes YES NO Return YES NO Stift Merchant YES NO Do Not Ship Merchant Location ' SO Location Other I All YES NO Stift Merchant YES NO Do Not Ship Merchant Location ' SO Location Other All All YES NO Not Software YES NO Ship To: ID O Not Ship Merchant Location ' ISO Location Othe												
INFORMATION THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit LMMOTO Auto-Close++ YES NO AVX YES NO Auto-Close++ YES NO Last Abgits YES NO THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit Cavel 2 YES NO Auto-Close++ YES NO Prompt YES NO Store N Forward YES NO PROTOND Obstore N Forward YES NO Bask YES NO Prompt YES NO Deals ack YES NO Password Prompt YES NO Deals The DEFAULT SELECTION Password PBX Code 8 9 Max Amount THE DEFAULT SELECTION Password First Marchant YES NO Deals receipts signature line Deals receipts signature line Deals receipts under \$25.00 Statum YES NO Deals receipts under \$25.00 Setterner \$20.00 Setterner \$20.00 Cautom fielder / Footer: Wireless ID Comments:	Other:	Provider Co	de: Other	:	1	Provider Code:	Other:	Provide	er Code:			
INFORMATION THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit LMMOTO Auto-Close++ YES NO AVX YES NO Auto-Close++ YES NO Last Abgits YES NO THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit Cavel 2 YES NO Auto-Close++ YES NO Prompt YES NO Store N Forward YES NO PROTOND Obstore N Forward YES NO Bask YES NO Prompt YES NO Deals ack YES NO Password Prompt YES NO Deals The DEFAULT SELECTION Password PBX Code 8 9 Max Amount THE DEFAULT SELECTION Password First Marchant YES NO Deals receipts signature line Deals receipts signature line Deals receipts under \$25.00 Statum YES NO Deals receipts under \$25.00 Setterner \$20.00 Setterner \$20.00 Cautom fielder / Footer: Wireless ID Comments:												
INFORMATION THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit LMMOTO Auto-Close++ YES NO AVX YES NO Auto-Close++ YES NO Last Abgits YES NO THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW Cardit Cavel 2 YES NO Auto-Close++ YES NO Prompt YES NO Store N Forward YES NO PROTOND Obstore N Forward YES NO Bask YES NO Prompt YES NO Deals ack YES NO Password Prompt YES NO Deals The DEFAULT SELECTION Password PBX Code 8 9 Max Amount THE DEFAULT SELECTION Password First Marchant YES NO Deals receipts signature line Deals receipts signature line Deals receipts under \$25.00 Statum YES NO Deals receipts under \$25.00 Setterner \$20.00 Setterner \$20.00 Cautom fielder / Footer: Wireless ID Comments:												
THE DEFAULT SELECTION WILL BE APPLIEP FOR ANY OPTION NOT SELECTED BLOW ICASH ADVANCE MAXS YES NO Auto-Close +		TWARE NA	ME		PUBLISHER		VERSI	ON				
Image: Case of the control of the c												
AYS YES NO Auto-Closer+ YES NO CVV2 YES NO Store N Forward YES NO Purchase YES NO Store N Forward YES NO Purchase YES NO Cardital YES NO Purchase YES NO Debit Cash Back YES NO PBX Code B 9 Max Amount Max Amount Both receipts Signature line Both receipts NO Settement YES NO PBX Code B 9 Max Amount Max Amount Both receipts NO signature line Both receipts NO signature line Settement YES NO Fist Merchant YES NO Atto-Close Time for Alternate Funding Comments: Comments: Comments: Settement YES NO Custom Header / Footer: Zip: Port Night Ground Settement Settement<			THE DEFA	ULT SELECTIO			OPTION NOT SELECT					
Last 4-Digits VES NO TIME Services VES NO CVV2 VES NO Store N Forward VES NO Participation CardLevel2 VES NO Provadia VES NO Participation Participation Participation Passwork VES NO Participation VES NO Debit Cash Back VES NO Back VES NO Multi-Merchant VES NO Debit Cash Back VES NO Suggested Tip VES NO Multi-Merchant VES NO Hotels to be no later than 7.30 p.m. CST Wireless ID Comments: Coursents: Comments: Comments: Comments: Comments: Comments: EQUIPMENT SHIPPING INSTRUCTIONS Required OMLY if ordered through NPC - Default shipping options (indicated by ') will be applied for any option not selected below Payment Found :signature line Signature line Ship To: Iz Do Not Ship Merchant Location ' Diso Location = Other I 3 Dag Over Night Ground : Saturday Address: Do Not Ship Merchant Location * Diso Location = Other					-	AURANT						
CvV2 CV2 CV2 CV2 Control Control Contro Contro Contro <td></td> <td>Au</td> <td></td> <td>\Box YES \Box NO</td> <td></td> <td>Tips</td> <td>s □ YES □ NO</td> <td></td> <td></td>		Au		\Box YES \Box NO		Tips	s □ YES □ NO					
Purchase VES NO Tables VES NO CardLevel 2 VES NO Cash Back VES NO CardLevel 2 VES NO Debit Cash Back VES NO Prompt VES NO Debit Cash Back VES NO PRX Code B 9 Max Amount Bath rescipts NO signature line PASWORD Mili-Merchant VES NO needs to be no later than 7.30 µm. CST Bath rescipts NO signature line PASWORD Mili-Merchant VES NO needs to be no later than 7.30 µm. CST Wireless ID: Custom Header / Footer: Wireless ID: Comments: Comments: EQUIPMENT SHIPPING INSTRUCTIONS Required ONLY VI ordered through NPC - Default shipping options (indicated by ') will be applied for any option not selected below Ship To: Z Do Not Ship Merchant Location * ISO Location = Other 1-3 Day Over Night Ground Saturday Address: Zip: State: Zip: Poment #II Be: Cocket Cash US and Xin Cash City: State: Zip: Poment #II So Location Other Discover Lonex		-			_	Servers	s 🗆 YES 🗆 NO					
CardLavel 2 Lab Back LYES NO Bart Back PS NO Invoice # YES NO Debit Cash Back Suggested Tip YES NO PAX Code 8 9 Matk Amount		Store					J					
Clash Back YES NO Debit Cash Back YES NO Prompt Max Amount			Pre-Dial									
Prompt	Invoico #		Cash Back	\Box YES \Box NO		Suggested Tir		FASSWORD				
PBX Code B G Max Amount Void Veid		Debit	Cash Back					All 🗆 YE	ES 🗆 NO			
Multi-Merchant ++ Auto-Close Time for Alternate Funding MID	•	N	lax Amount					Void 🗆 YE	S 🗆 NO			
First Merchant ++ Auto-Close Time for Alternate Funding Both Receipts under \$25.00 Settlement USI on Crecipts under \$25.00 Custom Header / Footer: Wireless ID: Comments: Custom Header / Footer: Ver Night Ground Saturday Address: Zin: Payment For Equipment Will Be: Lease Cock: Cock: </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Return 🗆 YE</td> <td>ES □ NO</td>								Return 🗆 YE	ES □ NO			
MID needs to be no later than 7:30 p.m. CST ON receipts under \$25.00 Other Custom Header / Footer: Wireless ID: Comments: COUNDENT SHIPPING INSTRUCTIONS Required ONLY if ordered through NPC - Default shipping options (indicated by *) will be applied for any option not selected below I a 3 Day Over Night Priority* Ground Istatuday Ship To: iz Do Not Ship I Merchant Location * ISO Location I Other I a 3 Day Over Night Istatuday Ground Istatuday Address: Istate: Zip: Phone #: Istatuday Istatuday INC TO REPROGRAM/TRAIN MERCHANT? INC Istatuday INC Istatuday Inc. Payment For Equipment Vill Be: Istatuday Inc.		++ Auto-C	Close Time fo	r Alternate Fun				Settlement D YE	S □ NO			
Wireless ID: Comments: Counter the state of the state state state of the state of the state of the						NO receipts und	der \$25.00	Other				
Comments: EQUIPMENT SHIPPING INSTRUCTIONS Required OWLY if ordered through NPC - Default shipping options (indicated by [*]) will be applied for any option not selected below Ship To: Interview Do Not Ship Merchant Location * ISO Location Other I -3 Day Over Night Ground Saturday Attr: Image: Comments: Image: Commen						s ID:						
EQUIPMENT SHIPPING INSTRUCTIONS Required ONLY if ordered through NPC - Default shipping options (indicated by ') will be applied for any option not selected below Ship To: Z Do Not Ship Merchant Location ' ISO Location Other I -3 Day Over Night Ground Saturday Attn: Payment For Equipment Will Be: Iso Location Iso Location Iso Location Other Iso Location Iso Loc												
Option not selected below Ship To: Z Do Not Ship Merchant Location * ISO Location Other I -1.3 Day Over Night Over Night Priority * Attr: Payment For Equipment Will Be: Cases Cake Cases Ca					Comme	nts:						
Option not selected below Ship To: Z Do Not Ship Merchant Location * ISO Location Other I -1.3 Day Over Night Over Night Priority * Attr: Payment For Equipment Will Be: Cases Cake Cases Ca	Demund ONI Vif endered through NDO Default chiming antique (indicated by *) will be easily difference											
Ship To: Z Do Not Ship Merchant Location ISO Location Other I-3 Da YPriorty Ground Saturday Attr: Payment For Equipment Will Be: Lease Check Cash Visa MC Address: Discover Attr: Discover American Other Attr: Discover American Other Attr: Discover American Other Attr: Payment For Equipment Will Be: Discover American Other Attr: Discover American Other Attr: Privaty Privaty <t< td=""><td colspan="12"></td></t<>												
Ship 1o: 2 Do Not Ship Merchant Location ISO Location Other Iso Bay Priority Ground Saturday Attr: Payment For Equipment Will Be: Descover Adress: Discover Am C Discover Am C Discover Ames 30 day (Bill Group) NPC TO SHIP WELCOME KIT? YES ZNO Special Instructions: Special Instructions: Priority Methods			option no	i Selected Delt	J VV			vor Night				
Attr: Payment For Equipment Will Be: Address:	Ship To: 🛛	Do Not Ship	o □ Merchant	t Location $* \Box$ I	SO Location	Other	□ 1-3 Day		Saturday			
Address: □ lase control Check □ Cash □ Visa □ MC City: State: Zip: Phone #: □ Special Instructions: NPC TO REPROGRAM/TRAIN MERCHANT? □ YES ZNO Image: Special Instructions: Special Instructions: WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above Attn: Phone #: Ship To: Image: Special Instructions: State: Zip: State: Zip: Section 14 SITE INSPECTION INFORMATION Image: Special Inspection Information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): Those physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the agreement. Business / Inventory / Shipments: Opes business appear as represented? ZYES NO I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the agreement. Is inventory sufficient for business type? ZYES NO I have physically inspected the business premises of the merchant at the information Section and witnessed their signing of the Agreement. Is inventory sufficient for business type? ZYES NO I have physically inspected the business premises of the merchant at alse inspection is needed.							Priori	ty				
Address: Discover Amex 30 day (Bill Group) City: State: Zip: Phone #: Special Instructions: NPC TO SHIP WELCOME KIT? 'YES ZNO Special Instructions: Required if welcome kit is shipping to separate address from above Ship To: Omerchant Location * ISO Location Other Attn: #: Address: City: State: Zip: Zip: State: Zip: Section 14 SITE INSPECTION INFORMATION Tergresent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the agreement. Business / Inventory / Shipments: Ooes business appear as represented? ZYES NO In An NFC approved third party site inspection wordor will supply inspected the business premises of the Goods and services charged to credit card on ZOrder Shipment Are goods and services charged to credit card on ZOrder Shipment Are goods and services charged to credit card on ZOrder Shipment Are goods and services charged to credit card on ZOrder Shipment Are goods and services charged to credit card on ZOrder Shipment Are goods and services charged to credit card on	Attn:								- 110			
City: State: Zip: Phone #: Special Instructions: NPC TO REPROGRAM/TRAIN MERCHANT? YES ZNO WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above Ship To: Image: Control Address: City: State: Zip: SECTION 14 SITE INSPECTION INFORMATION City: State: Zip: Image: Physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): Zi I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the approved third party site inspection, and witnessed their signing of the Agreement. Does business appear as represented? ZYES NO Is husiness of physically inspected the business premises of the merchant at at einspection is needed. Is usiness on and operating? ZYES NO I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Officer Information Section. ZYES NO I have not physically inspected the business using outside sources and confirmed the identity of the business using outside sources and confirmed the ident	Address:											
NPC TO REPROGRAM/TRAIN MERCHANT? YES ZNO NPC TO SHIP WELCOME KIT? YES ZNO WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above Ship To: Merchant Location * ISO Location Other Attn: Phone Address: City: State: Zip: State: Zip: SECTION 14 SITE INSPECTION INFORMATION Inercess personally confirmed the identity of the person listed in the this address, personally confirmed the identity of the person listed in the formation Section, and witnessed their signing of the Agreement. Does business appear as represented? ZYES NO In NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. Does business appear as represented? ZYES NO In have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Goods and services delivered at the time of sale? ZYES NO Goods and services delivered information Section. If fulfillment House is used, please complete the following: Fulfillment House Contact Information: If Fulfillment House PCI DSS Compliant? YES ZNO	0.1		- .					Amex 🛛 30 day (Bill Gr	oup)			
NPC TO SHIP WELCOME KIT? □YES ☑NO WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above Ship To: □Merchant Location * □ISO Location □Other Attn: Phone Address: City: State: Zip: SECTION 14 SITE INSPECTION INFORMATION Business of the merchant at this address, personally confirmed the identity of the person listed in the control Owner/Officer Information Section, and witnessed their signing of the Agreement. Business / Inventory / Shipments: Ooes business appear as represented? ☑YES NO I have physically inspected the business premises of the merchant at it inspection is needed. □ have not physically inspected the business type? ☑YES NO I have physically inspected the business premises of the Merchant; but have verified the validity of the person listed under the Control owner/Officer Information Section. In are physically inspected the business using outside sources and confirmed the identity of the person listed under the Control owner/Officer Information Section. ☑YES NO I Have physically inspected the business premises of the Merchant; but have verified the validity of the person listed under the Control owner/Officer Information Section. ☑fthe Agreement. ☑f						□ Special Ins	tructions:					
WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above separate address from above to separate address from above to separate address from above the separate address for the separate address for the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): I have physically inspected the business performed the identity of the person listed in the control Owner/Officer Information Section, and witnessed their signing of the Agreement. Does business appear as represented? ZYES NO I have physically inspected the business premises of the mave informed NPC that a site inspection within 15 days of my signature below or I have informed NPC approved third party site inspection within 15 days of my signature below or I have informed NPC approved the identity of the person listed under the Control Owner/Officer Information Section. ZYES NO I have physically inspected the business using outside sources and confirmed the identity of the person listed under the Control owner/Officer Information Section. Goods and services delivered in a physically inspected the following: ZYES NO I have physically inspected the business using outside sources and confirmed the identity of the person listed under the Control owner/O				INO								
to separate address from above Ship To: Merchant Location * ISO Location Other Attn: Phone Address: City: State: Zip: Section 14 SITE INSPECTION INFORMATION Terpresent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): Z I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement. Business / Inventory / Shipments: On An NPC approved third party site inspection vendor will supply inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Merchant; but have verified the validity of the business using outside sources delivered at merchant at used, please complete the following: Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? YES ZNO NO Is Fulfillment House PCI DSS Compliant? YES ZNO % of shipments by this vendor YES ZNO Sales Rep Application Organization: IMPACT PAYSYSTEM LLC Sales Rep Application	NPC TO SHIP WELCOME KIT?	DYES	⊠NO									
Ship To: Merchant Location * ISO Location Other Attn: Phone #: Address: City: State: Zip: SECTION 14 SITE INSPECTION INFORMATION Inexpesent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): Inexpesent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): ZI have physically inspected the business premises of the merchant at the identity of the person listed in the Agreement. Business / Inventory / Shipments: On NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. Business open and operating? ZYES INO I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Goods and services delivered Digitally ZPHysically Both If Huffillment House PCI DSS Compliant? YES ZNO % of shipments by this vendor Fulfillment House Contact Information: Sales Rep Sales Rep Sales Rep Sales Rep Application Organization: IMPACT PAYSYSTEM LLC Sales Rep	WELCOME KIT SHIPPING INSTRU	CTIONS										
Snip 10:IMerchant LocationINO LocationOther Attn:								to separate address f				
Address: City: State: Zip: SECTION 14 SITE INSPECTION INFORMATION Increment. Increment. Increment. Business / Inventory / Shipments: Option 20 More/Officer Information Section, and witnessed their signing of the Agreement. Increment. ZYES NO In An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. ZYES NO I have not physically inspected the business premises of the Merchant; but have verified the validity of the person listed under the Control Owner/Officer Information Section. Address: ZYES NO I have not physically inspected the business premises of the Merchant; but have verified the validity of the person listed under the Control. Are goods and services charged to credit card on ZOrder Shipment Mere good and services delivered Digitally ZPES NO If Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? YES ZNO No Is Fulfillment House PCI DSS Compliant? YES ZNO % of shipments by this vendor Sales Rep Grantation: IMPACT PAYSYSTEM LLC Sales Rep Application Application	Ship To: □Merchant Location *	□ISO Locati	on DOther					Attn:				
SECTION 14 SITE INSPECTION INFORMATION Irepresent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement. Business / Inventory / Shipments: I An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. If Fulfillment House is used, please complete the following: If fulfillment House PCI DSS Compliant? IYES ZNO % of shipments by this vendor Is Fulfillment House PCI DSS Compliant? IYES ZNO % of shipments by this vendor Industrial Building ITrade Show Sales Rep Sales Rep Sales Rep Application Organization: IMPACT PAYSYSTEM LLC Sales Rep Application	Addroso				City		Stata	Zin	#.			
I represent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies): I have physically inspected the business premises of the merchant at the Agreement. Business / Inventory / Shipments: I have physically inspected the days of my signature below or I have informed NPC that a site inspection is needed. Is inventory sufficient for business type? Image:					City.		State.	Zip.				
Image: An ave physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement. Business / Inventory / Shipments: Image: An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. Image: Approvement of the vertified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Information Section. Image: Approvement of the vertified the validity of the person listed under the Control Owner/Officer Building Image: Approvement of the vertified the validity of the vertified the validity of t				tion is true and	accurate to the	hast of my knowle	dae in addition I harab	contify that (abook which	applies):			
this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement. An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. If Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? IYES ZNO Is fulfillment House PCI DSS Compliant? IYES ZNO Sales Rep Organization: IMPACT PAYSYSTEM LLC Sales Rep Organization: IMPACT PAYSYSTEM LLC								Certify that (check which)	applies).			
Control Owner/Officer Information Section, and witnessed their signing of the Agreement. □ Does business appear as represented? ☑ YES □ NO □An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. □ Does business appear as represented? ☑ YES □ NO □ I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. ☑ Goods and services delivered at the time of sale? ☑ YES □ NO If Fulfillment House is used, please complete the following: If fulfillment House PCI DSS Compliant? □YES ☑NO % of shipments by this vendor □ Industrial Building □Trade Show Is Fulfillment House PCI DSS Compliant? Sales Rep Organization: IMPACT PAYSYSTEM LLC Sales Rep Signature: Application Date: Application Date: Application Date: Date: 11/14/2019					business / in	ventory / Shipme	ents:					
of the Agreement. Does business appear as represented: Dress dames appear appear as represented: Dress dames appear appear as represented: Dress dames appear app					Development							
□ An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. □ I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. □ S business open and operating? □ YES □ NO If Fulfillment House is used, please complete the following: □ YES □ NO If Fulfillment House Name and Address: □ S business open and operating? □ YES □ NO Is inventory sufficient for business type? □ YES □ NO Are goods and services delivered at the time of sale? □ YES □ NO Owner/Officer Information Section. □ Order □ Shipment If southess open and operating? □ Physically □ Digitally If southess open and operating? □ Physically □ Physically If southess open and operating? □ Physically □ Physically If southess open and operating? □ Physically □ Physically Is inventory sufficient for business type? □ Physically □ Physically If southess open and operating? □ Physically □ Physically Is bulfillment House Name and Address: □ Pi		Coolion, and		lon olgring								
inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. Is inventory sufficient for business type? ☑ YES □NO □ I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Is inventory sufficient for business type? ☑ YES □NO If Fulfillment House is used, please complete the following: Is of shipments by this vendor □Digitally ☑ Physically □Both Is Fulfillment House PCI DSS Compliant? □YES ☑NO % of shipments by this vendor Industrial Building □Trade Show Sales Sales Rep Signature: Sales Rep Signature: Application		e inspection	vendor will si	upply	ls business c	pen and operati	ng?	⊠YES [⊐NO			
that a site inspection is needed. Are goods and services delivered at the time of sale? \vec{VES} \vec{NO} I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Are goods and services delivered Image: Digitally \vec{VES} \vec{NO} If Fulfillment House is used, please complete the following: Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? \vec{VES} \vec{NO} Is Fulfillment House PCI DSS Compliant? Image: Vec{VES} \vec{NO} \vec{No} of shipments by this vendor Fulfillment House Contact Information: Sales Sales Sales Rep Application Date: 11/14/2019 11/14/2019					Is inventory s	sufficient for busi	⊠YES	⊐NO				
□ I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Goods and services charged to credit card on ☑ Order □ Shipment If Fulfillment House is used, please complete the following: If Fulfillment House Name and Address: □ Digitally ☑ Physically □ Both Is Fulfillment House PCI DSS Compliant? □ YES ☑ NO % of shipments by this vendor □ If fulfillment House PCI DSS Compliant? □ YES ☑ NO % of shipments by this vendor Sales Sales Sales Rep Sales Rep Sales Rep Sales Rep Application Organization: IMPACT PAYSYSTEM LLC Sales Rep Sales Rep Sales Rep Application												
Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. Are good and services delivered □Digitally ☑Physically □Both If goods are shipped, is a Fulfillment House used? □YES ☑NO If Fulfillment House is used, please complete the following: Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? □YES ☑NO % of shipments by this vendor Is Fulfillment House PCI DSS Compliant? □YES ☑NO % of shipments by this vendor Fulfillment House Contact Information: Sales Sales Rep Sales Rep Sales Rep Signature:		the husiness	nremises of	the	0							
sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section. If good and services derivered □Digitally □PHysically □PHysical			•					•				
Owner/Officer Information Section. If goods are shipped, is a Fulfillment House used? YES ZNO If Fulfillment House is used, please complete the following: If goods are shipped, is a Fulfillment House used? YES ZNO Fulfillment House Name and Address: Fulfillment House PCI DSS Compliant? YES ZNO Is Fulfillment House PCI DSS Compliant? YES YES ZNO Location Type: ZRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Sales Application Organization: IMPACT PAYSYSTEM LLC Signature: Application				•	-		itally Physically	∃Both				
If Fulfillment House is used, please complete the following: Fulfillment House is used, please complete the following: Fulfillment House Name and Address: Fulfillment House Contact Information: Is Fulfillment House PCI DSS Compliant? YES ØNO % of shipments by this vendor Location Type: ØRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Application Date: 11/14/2019					If goods are	shipped, is a Ful	□YES 5	ZNO				
Fulfillment House Name and Address: Fulfillment House Contact Information: Is Fulfillment House PCI DSS Compliant? YES ØNO % of shipments by this vendor Location Type: ØRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Application Date: 11/14/2019			ne following:									
Is Fulfillment House PCI DSS Compliant? YES ZNO % of shipments by this vendor Location Type: ZRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Signature: Date: 11/14/2019			ie ielie inig.				Fulfillment Ho	use Contact Information				
Location Type: ØRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Application Organization: IMPACT PAYSYSTEM LLC Signature: Date: 11/14/2019												
Location Type: ØRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Application Organization: IMPACT PAYSYSTEM LLC Signature: Date: 11/14/2019												
Location Type: ØRetail Store Front Office Building Residence Industrial Building Trade Show Sales Sales Rep Signature: Application Organization: IMPACT PAYSYSTEM LLC Signature: Date: 11/14/2019	Is Fulfillment House PCI DSS Cor	npliant? □Y	ES ⊠NO	% of s	shipments bv t	his vendor						
Sales Sales Rep Application Organization: IMPACT PAYSYSTEM LLC Signature: Date: 11/14/2019												
Organization: IMPACT PAYSYSTEM LLC Signature: Date: 11/14/2019	,		0									
	Organization: IMPACT PAYSYS	TEM LLC						4/2019				
			-		ed ISO of Fifth T	hird Bank, 38 Fount			Page 5 of 5			