

# NEW COMPANY APPLICATION

<b>1</b>	<b>COMPANY INFORMATION</b>		
◆ DBA NAME: S and G Appliances			
CORPORATE NAME (IF DIFFERENT THAN ABOVE): S and G Appliances			
CONTACT NAME: Glen McBryar		◆ DBA PHONE #: 361-592-2561	
◆ DBA ADDRESS 1 (NO PO BOX): 325 W. King Ave.		DBA FAX #: 361-592-2561	
DBA ADDRESS 2:		YEAR ESTABLISHED: 1970	
◆ CITY: Kingsville	◆ STATE: TX	◆ ZIP CODE: 78363	
◆ BUSINESS COUNTRY OF ORIGIN (HEADQUARTERED): USA			
▶ GEOGRAPHY FOOTPRINT (ALL COUNTRIES LICENSED TO DO BUSINESS): USA			
◆ BUSINESS SCOPE OF OPERATIONS (TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA): 1			
◆ EMAIL ADDRESS: kaymcbec87@gmail.com		MOBILE PHONE #:	
<b>2</b>	<b>OTHER ADDRESS (IF DIFFERENT THAN ABOVE)</b>		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS            (MORE THAN ONE OPTION MAY BE SELECTED)			
DBA NAME: S and G Appliances		PHONE #: 361-592-2561	
CONTACT: Glen McBryar		FAX #: 361-592-2561	
ADDRESS: 325 W. King Ave.	CITY: Kingsville	STATE: TX	
ZIP CODE: 78363			
<b>STATEMENTS/ RETRIEVALS /CHARGEBACKS</b>			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To: OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)			
CHARGEBACKS: MAIL To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To: OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)			
<b>3</b>	<b>PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP ON THE ADDITIONAL OWNERSHIP FORM)</b>		
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP <u>100</u> % <input type="checkbox"/> AUTHORIZED SIGNER <input checked="" type="checkbox"/> RESPONSIBLE PARTY			
◆ FIRST NAME: Glen	▶ MIDDLE NAME:	◆ LAST NAME: McBryar	◆ SSN#: 415-50-1123
◆ HOME ADDRESS: 719 Santa Barbara St.		◆ DOB: 05/13/1938	
◆ CITY: Kingsville	◆ STATE: TX	◆ ZIP CODE: 78363	▶ HOME PHONE #: 361-595-7237
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
▶ HOME ADDRESS: N/A		▶ CITY: N/A	▶ STATE: TX
▶ ZIP CODE: 78363			
◆ PRIMARY IDENTIFICATION DOCUMENT: DRL		◆ DOCUMENT ISSUING AGENCY: Texas	
◆ DOCUMENT # 08623756	▶ ISSUE DATE: 04/12/2013	▶ EXPIRY DATE 05/13/2019	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.			<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH
INDIVIDUAL ID EXEMPTION CLASS:			
<b>SOLE PROPRIETORS ONLY:</b>			
▶ OCCUPATION: Self Employed		▶ EMPLOYER (OR DBA): Self	
▶ COUNTRY OF PERMANENT RESIDENCE: USA		▶ COUNTRY(S) OF CITIZENSHIP: USA	
<b>OTHER COMPANY INFORMATION</b>			
◆ AVERAGE SALE AMOUNT: \$ 80.00		◆ CARD PRESENT <u>95</u> %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 8000.00		◆ CARD NOT PRESENT* <u>5</u> %	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Appliance parts & Service		◆ INTERNET* _____ %	
SPECIAL PROGRAM MCC ONLY: 5310L		<b>(MUST TOTAL 100%)</b>	
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, <u>5</u> # OF DAYS (INCLUDE SHIPPING TIME FRAME) Time of Service		*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
▶ INTERNET : PRODUCT WEBSITE:		▶ CUSTOMER SERVICE PHONE #: 361-592-2561	
▶ INTERNET: "CONTACT US" EMAIL:		▶ PREVIOUS PROCESSOR: Chase Paymentech (FDC Rev.)	
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<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
<b>BANK ACCOUNT (CHECKING ACCOUNTS ONLY)</b>			
◆ DEPOSIT BANK NAME: First Community Bank		◆ ABA/ROUTING #: 114911807	◆ DDA ACCOUNT #: 0091251
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):		ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14			

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)					PRICING CATEGORY																																																																									
<input type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER* <input checked="" type="checkbox"/> VISA CREDIT <input checked="" type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input checked="" type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input checked="" type="checkbox"/> AMEX					<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO/INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU																																																																									
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VISA	\$ 0.150	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 0.65	<input checked="" type="checkbox"/> ASSOC COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD Per month, taxes and other fees may apply, see company representation and certifications)																																																																								
MASTERCARD	\$ 0.150	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED	\$ 0.95																																																																									
DISCOVER	\$ 0.150	DIAL COMMUNICATION	\$ 0.030	VOICE - WITH AVS	\$ 2.2																																																																									
AMEX	\$ 0.150	OTHER:	\$	VOICE - BANK REFERRAL	\$ 4																																																																									
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AMEX SE # (10 DIGITS):	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)																																																																										
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<b>POINT OF SALE (EQUIPMENT OR SOFTWARE)</b>																																																																														
NETWORK <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER	# OF TIDS:	<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:																																																																						
QTY	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE																																																																					
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ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)																																																																														
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 <sup>ND</sup> DAY AIR		<b>ELAVON BILLS ONE TIME FEES</b>																																																																												
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.																																																																														
<b>ADDITIONAL POS SERVICES:</b>		DESCRIPTION			SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE																																																																						
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<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<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																																																																								
CUSTOM PROMPTS: <input checked="" type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) 8:00 pm TIME ZONE Cent <input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ ___ (MAX) <input type="checkbox"/> CUSTOM FOOTER: ___																																																																														
(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES) <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)																																																																														
<b>TRAINING (DEFAULT = NO TRAINING):</b> <input type="checkbox"/> TRAINING		<b>PHONE INFORMATION:</b> ACCESS #:		CONTACT NAME:		CONTACT PHONE #:																																																																								

**REPORT TOOLS**

MCP ONLY **OR**  MCP WITH OCM MONTHLY FEE \$ \_\_\_\_\_ SET UP FEE \$ \_\_\_\_\_ # USERS \_\_\_\_\_ SET UP TYPE (CHECK ONE)  MID  CHN  ENT

ACS MONTHLY FEE \$ \_\_\_\_\_ SET UP FEE \$ \_\_\_\_\_ REMOTE ID \_\_\_\_\_

**SUBSTITUTE FORM W-9**

SOLE PROPRIETOR  PUBLIC CORP  CLOSELY HELD CORP  SUB S CORP  GOVERNMENT  GENERAL PARTNERSHIP  
 LIMITED PARTNERSHIP  TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)  OTHER (ASSN/ESTATE/TRUST)  
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C OR P)

NAME\*: S and G Appliances

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

ADDRESS: 325 W. King Ave.

OR TIN (EMPLOYER ID #):

CITY: Kingsville

STATE: TX

ZIP: 78363

TIN (SOCIAL SECURITY #): 415-50-1123

**5 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. 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 Terms of Service ("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](https://www.merchantconnect.com/CWRWeb/pdf/TOS_Eng.pdf) and [https://www.merchantconnect.com/CWRWeb/pdf/MOG\\_Eng.pdf](https://www.merchantconnect.com/CWRWeb/pdf/MOG_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. Notwithstanding any such 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.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.


All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$45 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

**Under penalties of perjury, Company certifies that:**

- 1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person.
- 4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.


American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the provisions set forth in Section E (Acceptance Program) of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

\*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE: X 	PRINTED NAME: Glen McBryar	TITLE: Owner	DATE: 03/15/2017
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

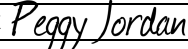
**6 PERSONAL GUARANTY**

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: Glen McBryar	DATE: 03/15/2017
SIGNATURE: X	PRINTED NAME:	DATE:

**SUBMITTED BY (SALES USE ONLY)**

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: 02/28/2017
REP PHONE #:	REP EMAIL: peggyjordan@icloud.com	ELAVON USA-MSP-ELV-0716	

NEW COMPANY APPLICATION - VALUE ADDED SERVICES

(This page of the New Company Application is only required when enrolling for the Value Added Services listed below.)

COMPANY INFORMATION
DBA NAME: S and G Appliances
CONTACT NAME: Glen McBryar
DBA PHONE #: 361-592-2561
DBA ADDRESS 1 (NO PO BOX): 325 W. King Ave.
DBA ADDRESS 2:
CITY: Kingsville STATE: TX ZIP CODE: 78363
ELECTRONIC CHECK SERVICE
ANNUAL CHECK VOLUME: \$ AVERAGE CHECK AMOUNT: \$ MAXIMUM CHECK AMOUNT: \$ ECS MONTHLY MINIMUM: \$
ECS- PAPER CHECK CONVERSION
PROCESSING OPTIONS:
POP (POS IMAGE)
ARC (POS IMAGE)
BOC
CONVERSION WITH GUARANTEE GUARANTEE RATE: % PER TRANSACTION: \$
CONVERSION W/ VERIFICATION OR PER TRANSACTION: \$ PER RETURN TRANSACTION: \$ COLLECTIONS
CONVERSION ONLY
ACH CHECK - CHECK NOT PRESENT (CNP)
PROCESSING OPTIONS:
CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP
INDIVIDUAL ENROLLMENT (CHOOSE ONE)
WEB - INTERNET INITIATED PPD - PREARRANGED PAYMENT
TEL/IVR - TELEPHONE INITIATED CCD - CORPORATE TO CORPORATE
CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP
ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$ PER RETURN TRANSACTION: \$
ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ PER RETURN TRANSACTION: \$
OTHER ECS CHECK CONVERSION SERVICES REQUESTED
PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE)
ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH PER MONTH
NSF SERVICE FEE PROCESSING @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE
NSF SERVICE FEE AMOUNT: MAX ALLOWED OR SPECIFIED SERVICE FEE AMOUNT \$ (STATE MAX IS DEFAULT)
ACH ECHECK NSF SERVICE FEE AMOUNT: \$15 (DEFAULT) OR SPECIFIED SERVICE FEE AMOUNT \$
SPECIFY NSF RESUBMISSION ATTEMPTS: 0 OR 1 OR 2 (2 IS THE DEFAULT)
ACH CHECK QUESTIONNAIRE
1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)?
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)?
3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)?
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS?
5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION?
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION?
FANFARE
SECONDARY MID - EXISTING MID/DBA:
FANFARE PACKAGES
GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW) SET-UP FEE: \$ MONTHLY FEE (PER MID): \$
BASIC LOYALTY (NO CARDS) SET-UP FEE: \$ MONTHLY FEE (PER MID): \$
BASIC GIFT (INDICATE CARD ORDER BELOW) MONTHLY FEE (PER MID): \$
CARD ORDER & RE-ORDERS:
CARD ORDER CARD TYPE
CUSTOM PRICE PROMOTIONAL QUANTITY
STANDARD LOYALTY QUANTITY
GIFT QUANTITY
(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)
ADDITIONAL OPTIONS:
MAX CARD VALUE \$ (DEFAULT \$1000)
\*\*\*STATE AND LOCAL TAXES MAY BE APPLIED TO FEES BILLED FOR FANFARE\*\*\*
STANDARD CARD ORDER DETAILS
CARD STYLE: TEXT COLOR:
JUSTIFICATION: LEFT CENTER RIGHT AS SUBMITTED
LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: ARTWORK@ELAVON.COM OR TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)
IMPRINT: FONT (SELECT ONE): Arial Brush Script Times New Roman
Text Case (select ONE): Title Case UPPER CASE lower case As submitted
FANFARE NOTES
CURRENCY EXCHANGE
DYNAMIC CURRENCY CONVERSION (DCC) - REBATE: % DCC ANNUAL REGISTRATION FEE: \$ OR MULTI-CURRENCY
OTHER VALUE ADDED SERVICES
HEALTHCARE: TRANSEND PAY RATE: 1.50% PAYMENT LIMIT \$
SIGNATURE (Signature below is only required when enrolling for the Value Added Services listed on this page.)
BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.
SIGNATURE NAME & TITLE DATE
Initials 5 USA-MSP-ELV-0716

# SALES WORKSHEET

DBA: S and G Appliances

ACCOUNT DESIGNATION				
<input checked="" type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION OF 1
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME: MSIMPACT
CLIENT GROUP #: 17	ENTITY: 44928	REP #: 42321	AWB:	
MULTI-MID REQUEST				
<input type="checkbox"/> MULTI MID - NEW COMPANY RELATIONSHIP		<input type="checkbox"/> PRIMARY MID		
<input type="checkbox"/> MULTI MID - EXISTING COMPANY RELATIONSHIP		EXISTING MID OR AWB:		
BUSINESS VERIFICATION				
<input type="checkbox"/> OTHER BUSINESS VERIFICATION DOCUMENTATION INCLUDED				
ONSITE INSPECTION				
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:				
BUSINESS LOCATED IN: <input type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE): Office				
<ul style="list-style-type: none"><li>• I HAVE PHYSICALLY BEEN ON SITE</li><li>• COMPANY NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE)</li><li>• THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS</li><li>• MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS</li></ul>				
SIGNATURE: <u>Peggy Jordan</u>				
PRINTED NAME: Peggy Jordan		REP #: 42321	DATE: 02/28/2017	
SPECIAL INSTRUCTIONS				
CREDIT UNDERWRITING NOTES:				
ADDRESS NOTES:				

DBA:

# ADDITIONAL OWNERSHIP

PRINCIPAL 2 INFORMATION			
<input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> PG ONLY	<input type="checkbox"/> RESPONSIBLE PARTY
◆ FIRST NAME:	▶ MIDDLE NAME:	◆ LAST NAME:	◆ SSN#:
◆ HOME ADDRESS:			◆ DOB:
◆ CITY:	◆ STATE:	◆ ZIP CODE:	▶ HOME PHONE #:
◆ PRIMARY IDENTIFICATION DOCUMENT:		◆ DOCUMENT ISSUING AGENCY:	
◆ DOCUMENT #	▶ 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

PRINCIPAL 3 INFORMATION			
<input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> PG ONLY	<input type="checkbox"/> RESPONSIBLE PARTY
◆ FIRST NAME:	▶ MIDDLE NAME:	◆ LAST NAME:	◆ SSN#:
◆ HOME ADDRESS:			◆ DOB:
◆ CITY:	◆ STATE:	◆ ZIP CODE:	▶ HOME PHONE #:
◆ PRIMARY IDENTIFICATION DOCUMENT:		◆ DOCUMENT ISSUING AGENCY:	
◆ DOCUMENT #	▶ 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

PRINCIPAL 4 INFORMATION			
<input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> PG ONLY	<input type="checkbox"/> RESPONSIBLE PARTY
◆ FIRST NAME:	▶ MIDDLE NAME:	◆ LAST NAME:	◆ SSN#:
◆ HOME ADDRESS:			◆ DOB:
◆ CITY:	◆ STATE:	◆ ZIP CODE:	▶ HOME PHONE #:
◆ PRIMARY IDENTIFICATION DOCUMENT:		◆ DOCUMENT ISSUING AGENCY:	
◆ DOCUMENT #	▶ 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