1	COMPANY INFORMATION										
1	◆DBA NAME: Burke Brothers Inc										
CONT	ACT NAME: Alexis Neal										
♦ DB/	ADDRESS TYPE: <b>BSA</b> • DBA ADDRESS1 ( <i>NO PO BOX</i> ):	519 Stone Harbor	Blvd								
DBA /	Address 2:										
♦ CITY	c Cape May Court House		♦ STATE NJ		♦ ZIP CODE:	08210					
♦ Cou	INTRY OF PRIMARY BUSINESS OPERATIONS: $USA$										
♦Bus	INESS COUNTRY OF FORMATION: USA		◆DBA PHONE #: 609-465-6000								
♦ EMA	LADDRESS: alexis.neal@burkemotorgroup.com		DBA Fax #:								
Year	Established: 1912				MOBILE PHO	NE #: 609-44	3-3964				
◆Length of Current Ownership: 99 years, 11 months											
CIP EXEMPTION:											
BENEFICIAL OWNER EXEMPTION: NON											
OTHER ADDRESS (IF DIFFERENT THAN ABOVE )											
4		AL INSTRUCTIONS (M	ORE THAN ONE OPT	TION MAY	BE SELECTED)						
LOCAT	ION NAME: Burke Brothers Inc			Рн	ONE #:						
CONT	ACT:			FAX	x #:						
Addri		CITY:				STATE:	ZIP CODE:				
	EMENTS/ RETRIEVALS /CHARGEBACKS										
	MENTS: 🖸 DBA OR 🗌 MAILING OR 🗌 W-9						- MUST INCLUDE CHAIN SE				
RETRIEVALS:       Mail To:       DBA       Mailing or       Fax To:       DBA       Mailing or       Email To:       alexis.neal@burkemotorgroup.com       or       Online Case Management (OCM)         Chargebacks:       Mail To:       DBA       Mailing and       Fax To:       DBA       Mailing or       Email To:       alexis.neal@burkemotorgroup.com       or       Online Case Management (OCM)											
3	3       PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)         Image: Comparison of the second sec										
♦ Add	ITIONAL BENEFICIAL OWNERS? NO	PARTY TITLE: PP		IF	F OTHER:						
♦ Fire	T NAME: Raymond	IDDLE NAME:		♦ LAST	♦ LAST NAME: Burke						
♦ ADD	RESS TYPE: PRA ADDRESS (NO PO BOX): 4415 5	ith Ave									
♦ CITY	∝ Avalon ♦	STATE/PROVINCE: NJ	♦ ZIP/POSTAL	CODE:	CODE: 08202 COUNTRY: USA						
♦ DO	B: 04/05/1953 • U	US PERSON: Yes				►PHONE	#: 609-463-3540				
	DUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS	10-1									
		►CITY:				STATE:	►ZIP CODE:				
		<sup>D#:</sup> 144404942	<u> </u>		►IF OTHER-	ID TYPE:					
	HER ID #: FOTHER ID - COUNTRY	OF ISSUANCE:		FIF OII	HER GOVERNME	NT ISSUED - ID N	ME:				
	RAGE SALE AMOUNT: \$ 400				CARD PRESENT	100%	OMNI COMMERCE (MUST	total 100%)			
	+ SALE AMOUNT: \$ 12000				CARD NOT PRE	SENT 100%*	CARD PRESENT	90 %			
♦ Nun	IBER OF HIGH SALES (ABOVE) ANNUALLY: 7				INTERNET 100	%*	CARD NOT PRESENT*	10 %			
♦ Тот	AL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$	150000			OMNI COMMER	RCE	INTERNET*	0 %			
♦ Ann	UAL REVENUE: \$ 1800000			►IN	Internet : PRODUCT WEBSITE:						
	ISTRY TYPE: RE										
♦ Des	CRIPTION OF PRODUCT/SERVICES OFFERED: Auto Dealers	ship		►IN	TERNET: "CONT	ACT US" EMAIL:	alexis.neal@burkemote	orgroup.com			
SPECI	AL PROGRAM MCC ONLY: 5511B			*CL	JSTOMER SERVIC	E PHONE # AND PRE	vious Processor Required	BELOW			
	DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? SAME DAY,# OF DAYS (INCLUDE SHIPPING TIME FRAM	<sub>E)</sub> Same day		CUSTOMER SERVICE PHONE #: 609-465-6000 PREVIOUS PROCESSOR: Heartland Payment Services							
		<i>must contact Custome</i> March September	R SERVICE TO DE	EACTIVAT	E AND REACTIV						

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)											
◆DEPOSIT BANK NAME STURDY SAVINGS BANK	♦ ABA/ROUTING #:23127128	4 • DDA ACCOUNT #: 9400043247									
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA Account #:									
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA Account #:									
TAPE ID (OPT):	Fast Trac	k Funding									

CARD ACCEPTA	NCE (PLEA	SE CHECK E	ACH CARD YOU WISH TO	ACCEPT.)		PRICING CATEGOR	Ŷ			
K ALL VISA/MAS	ter <b>C</b> ard//	AMEX/Union	EXPRESS	DISCOVER MasterCa		RETAIL  RESTAURANT  LODGING  SUPERMARKET	MO/TO / INTERNET  ARU  OMNI COMMERCE  (TIERED & EICP ONLY)			
🗴 VISA CREDIT 🗴 V	'ISA DEBIT 🐹	MASTERCARD C	REDIT 📓 MASTERCARD DEBIT	DISCOVER* 🕻 UI	NIONPAY 🛛 AMEX					
PRICING INFORM	ATION					-	FEES			
RATES	ARE FOR ALI	CARD ACCEP	TANCE TYPES SELECTED. AL	L CARD BRAND ASS	ESSMENTS WILL BE PASSED THE	ROUGH AT COST.	APPLICATION FEE \$0			
		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRE	ess Installation/Training \$0			
	RATE (%) +	Per Item (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	M (\$) RETURN ITEM FEE/NSF (PER OCCUR) \$10			
QUALIFIED	%+	\$ <u></u>	<u>%+ \$</u>	<u>%+</u>	<u>%+ \$</u>	<u>%+</u>	Account Maintenance \$0			
MID QUALIFIED	%+	\$	<u>%+ \$</u>	<u> </u>	<u>%+ \$</u>	<u> </u>	CHARGEBACK (PER OCCUR) \$15			
NON QUALIFIED	%+	\$	<u>%+ \$</u>	<u> </u>	<u>%+ \$</u>	<u> </u>	ANNUAL FEE \$0			
OTHER TIER	Снески <b>% +</b>		C-req) П Sprмкт (T-opt	/EIC-NA) □ QP3	S/SMALL TKT ( <i>T-opt/EIC-NA)</i> <b>% + \$</b>	%+\$	MONTHLY MINIMUM \$0			
REWARDS TIER (T-opt / EIC-req)	%+		<u>%+</u>	<u> </u>		<u> </u>	MONTHLY SERVICE FEE \$9.95			
COMMERCIAL							OTHER: \$0.00			
CARD TIER (T-opt /EIC-req)	%+	\$	<u>%+ \$</u>	%+ \$	%+ \$	%+ \$	- OTHER: \$0.00			
PASS THRU:	١	/ISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRE	<b>\$0.00</b>			
OR IC PLUS	RATE (%) ·	+ Per Item (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	6) RATE (%) + PER ITEN	л (\$) Отнея: <b>\$0.00</b>			
Markup	0 <u>.35</u> %	‰+ <u>\$</u> 0.000	0 <u>.35</u> <sub>% + \$</sub> 0.000	0 <u>.35 <sub>%+</sub> \$ 0</u>	<u>.0</u> 00 0 <u>.35</u> <sub>%+ \$</sub> 0.00	0 0 <u>.35</u> <sub>%+\$0.0</sub>	000 STATEMENT: TELECTRONIC OR			
	١	/ISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRE				
	RATE (%) -	+ Per Item (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	6) RATE (%) + PER ITEM	M (\$) MONETARY PROGRAM:			
QUALIFIED	%	6 + \$ <u> </u>	<u>%</u> + \$	%+ \$	%+ \$	%+\$	AUTH PROGRAM: 49160			
NON QUALIFIED	%	ő + \$ <u> </u>	%+ \$ **P.	%+ \$	% + \$% *Discover includes JCB, D ND RATES ARE BASED ON CARD S		ICE** MISCELLANEOUS: 59999			
AUTHORIZATIONS (F	PER OCCURR	ENCE)					SAFE T SERVICES BUNDLE			
VISA		\$ <u>0.050</u>	UNIONPAY	\$ <u>0.050</u>	Voice Auth Touch Tone	\$ <u>0.65</u>				
MASTERCARD		\$ <u>0.050</u>	WEX	\$ <u>0.05</u> 0	VOICE- OPERATOR ASSISTED	\$ <u>0.95</u>	SAFE T SILVER     SAFE T GOLD			
DISCOVER		\$ <u>0.050</u>	DIAL COMMUNICATION	<u>\$ 0.050</u>	VOICE - WITH AVS	\$ <u>2.2</u>	SAFE T Solo			
AMEX		<u>\$ 0.050</u>	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4</u>	Per month, taxes and other fees may apply, see company representation and certifications)			
PIN DEBIT										
		. ,	ASS THROUGH (ICPLS)				MARKUP) 🗖 FIXED (FLAT RATE)			
APPLY RATE TO ALI INTERLINK 0.00%		( )	п Iтем (\$) <b>% + \$</b> Маеstro 0.00 <b>% + \$</b> (		PIN DEBIT MONTHLY FEE UPDBT 0.00%+\$ 0.00		ACCEL 0.00% + \$ 0.00 AUTH \$ 0.05			
AFFN 0.00% + \$ (			ALASKA 0.00% + \$0.00		CU24 0.00% + \$ 0.00		NETS 0.00% + \$ 0.00 AUTH \$ 0.05			
NYCE 0.00% + \$0			PULSE 0.00% + \$ 0.00		SHAZAM 0.00% + \$ 0.00		STAR 0.00% + \$0.00 AUTH \$ 0.05			
OTHER CARD T			•							
	10 DIGITS):		Per Auth: \$	EBT SE #	7 digits): F	Per Auth: \$	WEX (ADDITIONAL PAPERWORK REQ.)			
OTHER SE #:			PER AUTH: \$	OTHER SE #	÷ F	PER AUTH: \$	VOYAGER (ADDITIONAL PAPERWORK REQ.)			

POINT	OF SALE (	EQUIPM	ENT OR S	OFTWARE)											
NETWOR	K: 🔲 ELAV	D NC	OTHER	A Third	PARTY INT	EGRATOR WILL BE US	ED FOR IMPLEME	NTATION:				COMMUNICA	TION METHO	DD (IP DE	FAULT): 🗖 DIAL
VAR S	ERVICE PROV	/ider (Ho	OSTED):		VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERSION:			
# OF TIE	Ds:		TID TYPE	(OMNI ONLY):				# OF TIDS:		יד DIT	ҮРЕ (Омпі О	NLY):			
QTY	POS DESCR	RIPTION		ITEM CODE	TID TYPI Omni Only	E PRICE PER UNIT	MONTHLY FE PER UNIT	E LEASE* TERM (MONTH	FEE PER	Per Auth	PURCH	ASE LEA	ASE** E	EXISTING	EXCHANGE
5	POYNT	TERM	ИНW	POYNT		<b>\$</b> 0.00	\$		\$	\$	●	[			
						\$	\$		\$	\$		[			
						\$	\$		\$	\$		[			
						\$	\$		\$	\$					
						\$	\$		\$	\$					
						\$	\$	SURCHA	\$	\$					
**PLEAS	CREDIT CARD SURCHARGING IS PROHIBITED IN THE FOLLOWING STATES: CO, CT, KS, MA, ME AND OK         CREDIT CARD SURCHARGING RATE 3.00%         (ONLY AVAILABLE FOR TETRA DESK 5000 OR TETRA MOVE TERMINALS)         CREDIT SURCHARGE TO MERCHANT    ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED) **PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED. **PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED. Elevion 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, Company with respect to such hardware, software or services.          ADDITIONAL POS       S       S       S         Services:       \$       \$       \$       \$         ADDITIONAL POS       \$       \$       \$       \$         Services:       \$       \$       \$       \$       \$														
							- <b>-</b>					SOFTWARE	/WIRELES	s	
		QTY	POS	DESCRIPTION		ITEM CODE	TID TYPE OMNI ONLY	E	MONTHLY RATE PER UNIT	Annual Per un		Monthly Fee per Unit	SETU SIM C FEE I UN	ARD	Per Auth Fee
RENTA									\$	\$		\$	\$		\$
EQUIPN	MENT:								\$	\$	\$		\$		\$
									\$	\$		\$	\$		\$
									\$	\$		\$	\$		\$
compa refurb the us Applic	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.														
	AL PROGRAM			•	QUICK C	ERGE - THIS INFOR		STORE AND	,		Signature			ESS (+ NO	SIGNATURE)
	TAURANT (QUI					ON (DEFAULT)		FINE DININ			FUNCTION				,
	D NOT PRESEN	ит (Аито С		ULT)					QUICK CLOSE DEFA		CK STAY				
(CUSTOM P	A PROMPTS: PROMPTS COULD RES				· · ·		CASH BACK PIN D MPT (RTL) CREMOV			ISTOM FOOTER:	_	TIP FUNCTI	ON CASHIER (	Rtl)	
			ING):	TRAINING	PHONE	INFORMATION: ACC	ESS #:	Co	NTACT NAME:			CONTACT P	HONE #:		
made ta also re unders equipm unders	commercial equipment lease and that I will be required to make monthly payments of \$ under this lease for the entire -month term, regardless of any representations made by the Sales Representative. Under a -month term with a monthly payments of \$ , I understand the approximate total cost of the equipment lease to be \$ . I also realize that I will have to pay applicable sales tax every month and, if I do not provide evidence of insurance, I will be charged an additional \$4.95monthly to cover equipment. I understand the equipment lease may be more expensive than purchasing the same equipment outright, and that I have had an opportunity to research the cost to purchase the same equipment outright. As an alternative to a lease, I understand I may purchase the equipment outright at the time of the lease application for the amount of \$ . Finally, I understand that I will be personally responsible for making payments under this lease and that any failure to pay all amounts when due may result in additional charges, potential damage to my credit rating, and/or legal action against me to collect both past and future payments owed under the lease. The end of lease residual value is \$ plus taxes if														
owed in to time.	accordance v A lease paym	vith the lea ent (wheth	ase, as appli ner paid by o	cable, by initiat debit or other m	ing debit er eans) that i	n ("Lessor"), to auto htries to Company's s not honored by Ba en notice from Comp	account at the fir ank for any reaso	nancial institu n will be subj	ion ("Bank") indicat	ed hereon or su	ch other fir	nancial instit	ution used	by Com	bany from time
►BANK	NAME:					►ABA/ROUTIN	NG #:			DDA A	Ассоинт	#:			
Ladco	VENDOR CO	DE:					LEASE PLAN:								
REPO	RT TOOLS														
	P ONLY <u>O</u>		MCP WITH		ONTHLY FI	EE <b>\$</b>	Set Up Fee \$	;	# Users	SET UP T	YPE (CHEC	CK ONE) 🗌		CHN [	ENT
	S	Мо	NTHLY FEE	\$	Set U	p Fee <b>\$</b>	Remote	ID							

SUBSTITUTE FORM W-9												
SOLE PROPRIETOR C CORPORATION TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THA LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=	DISREGARDED ENTITY,	TATUS)			IVATE CORF							
LEGAL BUSINESS NAME*: Burke Brothers Inc *Name (of business) as shown on your business incom		SOLE PRO	PRIETORS THIS SHOULD ALWA	VS BE THE OWNER'S NAME								
LEGAL BUSINESS ADDRESS (NO PO BOX): 519 Stone		OOLL I NO		OR TIN (EMPLOYER ID #	: 22-29	99056						
CITY: Cape May Court House STATE		ZIP: 0	8210	TIN (SOCIAL SECURITY #)								
Company Representations and Cer	-			,								
5 Company Representations and Certifications. By sign company ("Company") and its representative(s) repres ("Elavon" or "Member" as applicable), with offices at 7 Knoxville, TN 37920 (collectively, "we" or "us") that (i)	ing below, the applicant sent and warrant to Elavi 300 Chapman Highway,	on, Inc.	Transaction. Receipt of an au for that Transaction.	authorization code is not a guara thorization code does not mean t th the requirements of the Payme	hat company	y will not receive a Chargeback						
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. <u>The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.</u>												
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 <u>https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf</u> and <u>https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf</u> . I am not 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.**												
Notwithstanding any non-receipt of the TOS or Operating Guide with the Agreement, and all applicable laws, rules, and regulatic regulations of the Payment Networks, and understands that failt termination of processing services. Capitalized terms shall, unle Company Application, have the same meaning ascribed to them Guide. IMPORTANT INFORMATION ABOUT PROCEDURES FOR OF help the government fight the funding of terrorism and money la requires all financial institutions to obtain, verify, and record info person who opens an account. This means we will ask for certa documents to allow us to identify you. Company and its repress our acceptance of this Company Application and from time to tri individual and business history and background of Company, ea other officers, partners, proprietors, and/or owners of Company, other background investigation reports on each of them that we the acceptance and continuation of this Company Application. C person or credit reporting agency to compile information to answ	company agrees to consist including the rules arise to comply will result i uss otherwise defined in the TOS and Operation of the transition that identifies earise in information and identifies the threafter, to investig and to obtain credit representative consider necessary to recompany also authorizes.	nd n this ing UNT. To eral law ach fying prior to pate the and any orts or eview s any	correct. <u>American Express Acceptance</u> Application), in addition to all d terms of the TOS. By signing Payment Device, Company es- and to receive settlement func Elavon to provide Company's American Express may use ar by applicable Laws, including available to Company's busine provided above is subject to th Consent to American Express any time by contacting our cus receive messages related to in Company or Elavon may term time, with or without cause, wi	a Program (Acceptance Program) ons (as indicated in the Card Acc ther terms of this Agreement, C below or by accepting a Transac pressly authorizes Elavon to sub is from, American Express on Co contact information to American I d share such contact informatior to communicate with Company re ess. American Express's use of the e consent to such use as indicat 's use of contact information for s stomer service center. Even if cor mportant information about Comp inate Company's acceptance of A thout affecting Company's rights	I f Compan eeptance sec mpany agre- tion initiated mit America mpany's bet Express, and for its busin eggarding pro- ee email add ed in Section uch commun ssent is with any's accou American Ex and obligati	y has elected to accept tition of this Company eses to the Acceptance Program with an American Express® n Express® Transactions to, naft. Company further authorizes d Company agrees that ress purposes and as permitted ducts, services, and resources lites and mobile phone number n 1 of this Company Application. nications may be withdrawn at drawn, Company may still nt from American Express. press® Payment Devices at any ons pursuant to the remainder of						
furnish that information to us. This Company Application may be signed in one or more counte constitute an original and all of which, taken together, shall cons Company Application. Delivery of executed counterparts of this accomplished by a facsimile transmission, and a signed facsimil Application shall constitute a signed original.	stitute one and the same Company Application m	ay be	in the Acceptance Program, C acceptance program, which m Company's acceptance of Am terminated. Company acknow Agreement, solely with respec	knowledges that, if at any time Co ompany may be enrolled in the s ay have different terms and cond erican Express® Payment Devic vledges that American Express is t to the terms and conditions app Devices, and that American Expr mpany.	tandard Ame litions than the s pursuant an intended licable to Co	erican Express® card he Acceptance Program, and to this Agreement will be I third-party beneficiary of this mpany's acceptance of						
* By signing this document below you are agreeing on beha **The Internal Revenue Service does not require your conss Company Application, you hereby certify that to the best of information provided about the beneficial owner(s) and/or t	ent to any provision of your knowledge, the i	this docum	nent other than the certification provided about you, the nam	ns required to avoid backup w e and address provided for the	ithholding.	In addition, by signing this						
Signature: X	PRINTED NAME: R	aymond	Burke	TITLE: Partner/Princ	ipal	Date:						
Signature: X	PRINTED NAME:			TITLE: - Select One	-	DATE:						
PERSONAL GUARANTY												
As a primary inducement to us to accept this Compan guarantee the continuing full and faithful performance with Leased Equipment, if applicable) pursuant to the may proceed directly against Guarantor(s) without first exhausti be discharged or affected by the death of the Guarantors, will bi understand that the inducement to us to accept this Company A benefit from the guaranty. The undersigned hereby directs any designees, successors or assigns and agrees that all parties in	and payment by Compa Company Application ar ng our remedies against nd all heirs, administratc pplication is considerati consumer reporting age	any of each on and Agreeme any other p ors, represent on for the guinney to furnis	of its duties and obligations to u nt, as may be amended from tin person or entity responsible ther ntatives and assigns and may b Jaranty and that this guaranty re sh a consumer credit report that	s (including, without limitation, Ch te to time, with or without notice. efore to them or any security held e enforced by or for the benefit of mains in full force and effect eve	argebacks a Guarantor(s by us or Co f any of our s n if the Guar	and obligations in connection ) understand further that we ompany. This guarantee will not successors. Guarantor(s) rantor(s) receive no additional						
Signature: X		PRINTED	NAME: Raymond Burk	ke		Date:						
Signature: X		Printed	NAME:			Date:						
	SU	BMITTED	BY (SALES USE ONLY)									
To the best of my knowledge, I certify that the information provided by the Company's owner(s) or officer(s), as appropriat		olication was	s provided by the Company and	is true, complete and accurate. I	further certi	fy that the signatures were						
SALES REP SIGNATURE: X	PRINTED NAME: N	atasa C	vijanovic	Rep ID #: 41816		DATE: 12/01/2019						
REP PHONE #:	REP EMAIL: natasa@teslapayments.com ELAVON USA-MSP-ELV-10											

## 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: Burke Brothers Inc																		
CONTACT NAME: Alexis Neal						DBA PH	ONE #:	6	609-46	5-600	0							
DBA ADDRESS 1 (NO PO BOX): 519 Sto	ne Harbor Blv	/d				DBA AD	DRESS	2:										
CITY: Cape May Court House		٨J				ZIP COD		0821	0									
ELECTRONIC CHECK SERVICE	OTATE: -					21 000												
								- •										
ANNUAL CHECK VOLUME: \$	AVERAGE CHECK	KAMOUNT: \$			► IMAX	IMUM CHEC	C AMOUI	NI: \$			PECS	VIONI	HLY MINIM	UM: \$				
PROCESSING OPTIONS:			DANTEE		CUM	RANTEE RA	TC •	%	4 D	ER TRANS		. ¢						_
				_			IE.						•					
ARC (POS IMAGE)			CATION OF	PER	I RANS	ACTION: <b></b>		ŀ	PER RET	URN TRA	NSACTIC	DN: 🕽	•		OLLE	CTIONS		
ACH CHECK – CHECK NOT PRESENT (CNP)																		
PROCESSING OPTIONS:						CH-ECHECH	WITH V	ERIFIC.	ATION P	ER TRANS	SACTION:	\$	_					
NDIVIDUAL ENROLLMENT (CHOOSE ONE)		,							F	PER RETUR	RN TRANS	SACTI	ION: \$					
WEB – INTERNET INITIATED PPD – PREARRANGED PAYMENT TEL/IVR – TELEPHONE INITIATED CCD – CORPORATE TO CORPORATE ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ DED DET INITIATED																		
CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP 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         NSF SERVICE FEE AMOUNT:         MAX ALLOWED OR         Specified Service Fee Amount \$																		
SERVICE)  ACH ECHCK NSF SERVICE FEE AMOUNT: Se																		
ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH         PER MONTH																		
ACH CHECK QUESTIONNAIRE																		
WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)?     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)?																		
YES 🛄 NO																,		
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? D YES NO																		
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? 🖸 EXISTING 🗖 NEW																		
5. Will you maintain and disclose to your customers procedures for cancelling an authorization? Yes No 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? Yes No																		
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? YES NO FANFARE																		
SECONDARY MID - EXISTING MID/DBA:																		
FANFARE PACKAGES																		
GIFT/LOYALTY PACKAGE (INDICATE CARD ORD	ER BELOW) S	SET-UP FEE:	\$		Ν	NONTHLY FE	E (PER I	MID): \$										
BASIC LOYALTY (NO CARDS)	S	SET-UP FEE:	\$		Ν	ONTHLY FE	E (PER I	MID): \$										
BASIC GIFT (INDICATE CARD ORDER BELOW)					Ν	ONTHLY FE	E (PER I	MID): \$										
CARD ORDER & RE-ORDERS:					-						CARD T							
CARD QUANTIT		RICE							PR	OMOTIONA								
		\$	5						L	LOYALTY (	QUANTITY	,						
STANDARD		9	; <u> </u>							GIFT QU	JANTITY							
	(STANDARD CARDS	S AVAILABLE II	N INCREMEN	ITS OF 1	00, Cus	TOM CARDS	AVAILA	BLE ON	ILY IN INC	REMENTS	OF 500)							
Additional Options:																		
MAX CARD VALUE \$ (DEFAUL)		* 6 7 4 7 5 4 10						500 E		**								
STANDARD CARD ORDER DETAILS		*STATE AND	LOCAL TAXE	SMAYE	BE APPLI	ED TO FEES	BILLED	FOR FA	ANFARE									
			-															
CARD STYLE:		_	1	EXT COL	.OR:													
	AVOID DELAY, PLEASE		WORK TO:		K@FLA		в Пт	EXT (IM	PRINTING			ENT	ERED BELC	) )///)				
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OTHER VALUE ADDED SERVICES																		
CITER VALUE ADDED SERVICES				-		onvorcion	Poter		0/		DC		obata:					
DYNAMIC CURRENCY CONVERSION (DC	C):					onversion CC Regis		Fee.	% \$				ebate: xchange	% Rate S		- 11¢	Bank	
HEALTHCARE: TRANSEND PAY			R	ATE: 1.5			ແລນປກ	1 66.	Ψ		PAYMENT		Ŭ	Nale S	Jourde	. 03	ann	<u> </u>
SIGNATURE (Signature below is only	required when	enrolling				Service	listo	doni	this no				• •					
By signing below, Company warrants the tr																		
SIGNATURE	NAME &	2 TITLE							DATE				_					

6

## SALES WORKSHEET

## DBA: Burke Brothers Inc

ACCOUNT DESIGNA	TION										
New Location     Additional Location     Existing MID:     Existing Char						Existing Chain #:		LOCATION 1 OF 1			
Portfolio Code:		FI:		AGENT:		Валк:	MSP Shor	RT NAME: MSIMPACT			
CLIENT GROUP #: 17		ENTITY:	45179		Rep #: 4	1816	AWB	3:			
ONSITE INSPECTION: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN: E SEPARATE BUILDING PRIVATE RESIDENCE SHOPPING CENTER/MALL OFFICE BUILDING KIOSK OTHER (DESCRIBE): 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:											
PRINTED NAME: Natas	a Cvijanovic			REP #: 41816			Date: 12/01/2019				
SPECIAL INSTRUCTION	ONS			-			_				
CREDIT UNDERWRITING N	IOTES:										
Address Notes:											

			Ac	ditiona			ip					
er)	Percentage of Ownership	Benefic	ial Owner:		rized S	Signer [	PG Only [	Intermedia	y Business	Responsible Party		
	First Name:		Middle Na	me:			Last Name:					
5	DOB:	ID Type:		ID#:		If Fore	eign, Country of	Issuance:				
the	If ID Type "Other"											
гаг	Other ID Type:		Other	ID#:			If Gov't Issue	v't Issued – ID Name:				
ler/	Address/Type: :							Phone #:				
	City:						State/Province	e:	Zip/Postal C	Code:		
Principal Information 2 (Owner/Partner/Officer)	Principal address matches the addres otherwise noted.	ess on the P	rimary Ider	ntification Do	cume	nt above ur	nless	Seconda	ary ID included	l if no address match		
natio	Previous Address if current address	is less than	2 years: A	ddress:								
IOT	City:				State	e/Province:			Zip/Postal C	ode:		
	Country(s) of citizenship:											
ipa	Intermediary Business Information											
	Intermediary Business Name					Intermedi	ary Contact Na	me				
ĩ	Intermediary Phone Number						ary Email Addr					
<b>.</b>	Percentage of Ownership	Benefic	ial Owner:		rized S	Signer [	_ PG Only [	Intermedia	y Business	Responsible Party		
lice	First Name:		Middle Na	me:			Last Name:					
5	DOB:	ID Type:		ID#:		If Fore	eign, Country of	Issuance:				
ner	If ID Type "Other"											
-an	Other ID Type:		Other	ID#:			If Gov't Issue	d – ID Name:				
ner/I	Address/Type: :					Phone #:						
Š O	City:						State/Provinc	e:	Zip/Postal C	Code:		
Principal Information 3 (Owner/Partner/Officer)	Principal address matches the address on the Primary Identification Document above unless otherwise noted.											
mati	Previous Address if current address is less than 2 years: Address:											
TO	City: State/Province: Zip/Postal Code:											
	Country(s) of citizenship:											
	Intermediary Business Information											
	Intermediary Business Name					Intermedi	ary Contact Na	me				
L	Intermediary Phone Number	<u> </u>					ary Email Addr					
-	Percentage of Ownership	Beneficia	al Owner:	Autho	rized S	Signer	PG Only [	Intermedia	y Business	Responsible Party		
-	First Name: DOB:	ID Type:	Middle Na			If Corr	Last Name:					
-	If ID Type "Other"	ID Type.		ID#:			eign, Country of	issuance.				
er)	Other ID Type:		Other	ID#:			If Gov't Issue	d – ID Name:				
	Address/Type: :							Phone #:				
r/o	City:						State/Provinc		Zip/Postal C	Code:		
Principal Information 4 (Owner/Partner/Officer)	Principal address matches the addres otherwise noted.	ess on the P	rimary Ider	ntification Do	cume	nt above ur	nless	🔲 Seconda	ary ID included	l if no address match		
er/P	Previous Address if current address	is less than	2 years: A	ddress:								
wn	City:		•		State	e/Province:			Zip/Postal C	ode:		
10	Country(s) of citizenship:											
	Intermediary Business Information											
	Intermediary Business Name					Intermed	ary Contact Na	me				
	Intermediary Phone Number					Intermedi	ary Email Addro	ess				
						•						

	Percentage of Ownership	Beneficia	I Owner:	Author	rized Signer	PG (	Dnly [	Intermediar	y Business	Responsible Party	
	First Name:		Middle N	ame:		Last I	Last Name:				
	DOB:	ID Type:		ID#: If Foreign, Country of Issuance:							
	If ID Type "Other"										
n 5 cer)	Other ID Type:		Other	· ID#:		If Gov	/'t Issue	d – ID Name:			
atio Offi	Address/Type: :							Phone #:			
rm; er/C	City:				State	State/Province:			Code:		
Principal Information (Owner/Partner/Office	Principal address matches the add otherwise noted.	imary Ide	unless	Inless ID Secondary ID included if no address r							
sipa er/	Previous Address if current address is less than 2 years: Address:										
rind	City:				State/Provinc	ate/Province: Zip/Postal Code:					
<u>    0</u>	Country(s) of citizenship:										
	Intermediary Business Information										
	Intermediary Business Name				Interme	diary Co	ntact Na	me			
	Intermediary Phone Number				Interme	diary Em	ail Addr	ess			