






NEW COMPANY APPLICATION

1	COMPANY INFORMATION		
◆ DBA NAME: Burke Motor Group			
CONTACT NAME: Alexis Neal			
◆ DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO PO BOX): 227 Bayberry Dr			
DBA ADDRESS 2:			
◆ CITY: Cape May Court House	◆ STATE: NJ	◆ ZIP CODE: 08210	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA			
◆ BUSINESS COUNTRY OF FORMATION: USA	◆ DBA PHONE #: 609-465-6000		
◆ EMAIL ADDRESS: alexis.neal@burkemotorgroup.com	DBA FAX #:		
YEAR ESTABLISHED: 1912	MOBILE PHONE #: 609-443-3964		
◆ LENGTH OF CURRENT OWNERSHIP: 99 YEARS, 11 MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION: NON			
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME: Burke Motor Group		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: 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: alexis.neal@burkemotorgroup.com 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: alexis.neal@burkemotorgroup.com OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)			
3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)		
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 53 %		<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS? NO	<input checked="" type="checkbox"/> RESPONSIBLE PARTY	TITLE: PP	IF OTHER:
◆ FIRST NAME: Raymond	◆ MIDDLE NAME:	◆ LAST NAME: Burke	
◆ ADDRESS TYPE: PRA ◆ ADDRESS (NO PO BOX): 4415 5th Ave			
◆ CITY: Avalon	◆ STATE/PROVINCE: NJ	◆ ZIP/POSTAL CODE: 08202	◆ COUNTRY: USA
◆ DOB: 04/05/1953	◆ US PERSON: Yes	◆ PHONE #: 609-463-3541	
<small>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</small>			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: SSN	◆ ID #: 144404942	◆ IF OTHER- ID TYPE:	
◆ IF OTHER ID #:	◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:	
OTHER COMPANY INFORMATION			
◆ AVERAGE SALE AMOUNT: \$ 600	<input type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$ 15000	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT 90 %	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: 9	<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* 10 %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 200000	<input type="checkbox"/> OMNI COMMERCE	INTERNET* 0 %	
◆ ANNUAL REVENUE: \$ 2400000	◆ INTERNET : PRODUCT WEBSITE:		
◆ INDUSTRY TYPE: RE	◆ INTERNET: "CONTACT Us" EMAIL: alexis.neal@burkemotorgroup.com		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Auto dealership	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
SPECIAL PROGRAM MCC ONLY: 5511B	◆ CUSTOMER SERVICE PHONE #: 609-465-6000		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, 0 # OF DAYS (INCLUDE SHIPPING TIME FRAME) Same day	◆ PREVIOUS PROCESSOR: Heartland Payment Services		
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"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
		<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆ DEPOSIT BANK NAME: STURDY SAVINGS BANK	◆ ABA/ROUTING #: 231271284	◆ DDA ACCOUNT #: 9400043213
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14	<input type="checkbox"/> Fast Track Funding	

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

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.							
<input type="checkbox"/> TIERED <input type="checkbox"/> FIXED OR <input type="checkbox"/> ENHANCED IC PLUS	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE	\$0
	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING	\$0
QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	RETURN ITEM FEE/NSF (PER OCCUR)	\$10
MID QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ACCOUNT MAINTENANCE	\$0
NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	CHARGEBACK (PER OCCUR)	\$15
OTHER TIER	<input type="checkbox"/> CHECK CARD (T-opt/EIC-req)	<input type="checkbox"/> SPRMKT (T-opt/EIC-NA)	<input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)			ANNUAL FEE START DATE:	\$0
REWARDS TIER (T-opt/EIC-req)	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY MINIMUM	\$0
COMMERCIAL CARD TIER (T-opt/EIC-req)	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY SERVICE FEE	\$9.95
PASS THRU:	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	OTHER:	\$0.000
<input checked="" type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF MARKUP	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER:	\$0.000
	0.25 % + \$ 0.000	0.25 % + \$ 0.000	0.25 % + \$ 0.000	0.25 % + \$ 0.000	0.25 % + \$ 0.000	OTHER:	\$0.000
<input type="checkbox"/> DIFFERENTIAL	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	STATEMENT: <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER	
QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	PRICING PROGRAMS	
NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONETARY PROGRAM:	
						AUTH PROGRAM: 49160	
						EQUIPMENT: 59999	
						MISCELLANEOUS: 59999	

AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE	
VISA	\$ 0.050	UNIONPAY	\$ 0.050	VOICE AUTH TOUCH TONE	\$ 0.65	<input type="checkbox"/> ASSOC COMPLIANCE <input checked="" type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T Gold <input type="checkbox"/> SAFE T Solo <small>Per month, taxes and other fees may apply, see company representation and certifications)</small>	\$7.00
MASTERCARD	\$ 0.050	WEX	\$ 0.050	VOICE- OPERATOR ASSISTED	\$ 0.95		
DISCOVER	\$ 0.050	DIAL COMMUNICATION	\$ 0.050	VOICE – WITH AVS	\$ 2.2		
AMEX	\$ 0.050	OTHER:	\$ ___	VOICE – BANK REFERRAL	\$ 4		

PIN DEBIT			
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input checked="" type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)	AUTH : <input checked="" type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)		
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$)	___ % + \$ ___	AUTH \$ ___	PIN DEBIT MONTHLY FEE \$ 0.00
INTERLINK	0.00% + \$ 0.00	AUTH \$ 0.05	UPDBT 0.00% + \$ 0.00 AUTH \$ 0.05
MAESTRO	0.00% + \$ 0.00	AUTH \$ 0.05	ACCEL 0.00% + \$ 0.00 AUTH \$ 0.05
AFFN	0.00% + \$ 0.00	AUTH \$ 0.05	ALASKA 0.00% + \$ 0.00 AUTH \$ 0.05
CU24	0.00% + \$ 0.00	AUTH \$ 0.05	NETS 0.00% + \$ 0.00 AUTH \$ 0.05
NYCE	0.00% + \$ 0.00	AUTH \$ 0.05	PULSE 0.00% + \$ 0.00 AUTH \$ 0.05
SHAZAM	0.00% + \$ 0.00	AUTH \$ 0.05	STAR 0.00% + \$ 0.00 AUTH \$ 0.05

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

POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWORK: ELAVON OTHER A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION: _____ COMMUNICATION METHOD (IP DEFAULT): DIAL

VAR SERVICE PROVIDER (HOSTED): _____ VAR (DISTRIBUTED): _____ VENDOR: _____ PRODUCT: _____ VERSION: _____

OF TIDS: _____ TID TYPE (OMNI ONLY): _____ # OF TIDS: _____ TID TYPE (OMNI ONLY): _____

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	LEASE**	EXISTING	EXCHANGE
4	POYNT TERM HW	POYNT		\$ 0.00	\$		\$	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURCHARGES
 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 3500, 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.

SATURDAY DELIVERY NEXT DAY AIR 2ND DAY AIR **ELAVON BILLS ONE TIME FEES**

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.

ADDITIONAL POS SERVICES:	DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE
		\$	\$	\$	\$
		\$	\$	\$	\$

SOFTWARE/WIRELESS

	QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	MONTHLY RATE PER UNIT	ANNUAL FEE PER UNIT	MONTHLY FEE PER UNIT	SETUP/ SIM CARD FEE PER UNIT	PER AUTH FEE
RENTAL EQUIPMENT:					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$

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.

TERMINAL PROGRAMMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)

RETAIL (AUTO CLOSE DEFAULT) QUICK CLOSE STORE AND FORWARD NO SIGNATURE CONTACTLESS (+ NO SIGNATURE)

RESTAURANT (QUICK CLOSE DEFAULT) TIP FUNCTION (DEFAULT) FINE DINING TAB FUNCTION

CARD NOT PRESENT (AUTO CLOSE DEFAULT) QUICK CLOSE LODGING (QUICK CLOSE DEFAULT) QUICK STAY

CUSTOM PROMPTS: TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ CASH BACK PIN DEBIT (RTL): \$ _____ (MAX) CUSTOM FOOTER: _____

(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES) NO TIP (REST) NO SERVER PROMPT (REST) CLERK PROMPT (RTL) REMOVE SECURITY PROMPTS (FORM REQUIRED) TIP FUNCTION WAITER (RTL) TIP FUNCTION CASHIER (RTL)

TRAINING (DEFAULT = NO TRAINING): TRAINING PHONE INFORMATION: ACCESS #: _____ CONTACT NAME: _____ CONTACT PHONE #: _____

X _____ I understand that I am entering into a _____-month commercial equipment lease for credit-card processing equipment. I understand this is a NON-CANCELLABLE 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 \$4.95 monthly 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 applicable.

Company hereby authorizes Elavon, through its Ladco Leasing division ("Lessor"), to automatically withdraw Company's monthly lease payments and any amounts, including any and all taxes or other charges, owed in accordance with the lease, as applicable, by initiating debit entries to Company's account at the financial institution ("Bank") indicated hereon or such other financial institution used by Company from time to time. A lease payment (whether paid by debit or other means) that is not honored by Bank for any reason will be subject to a returned item service fee imposed by Lessor. Upon completion of the lease term, this authorization shall remain in effect until Lessor has received written notice from Company of its termination.

▶BANK NAME: _____ ▶ABA/ROUTING #: _____ ▶DDA ACCOUNT #: _____

LADCO VENDOR CODE: _____ LEASE PLAN: _____

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

LEGAL BUSINESS NAME* : **Burke Chevrolet Buick Cadillac GMC Inc**

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

LEGAL BUSINESS ADDRESS (NO PO BOX): **227 Bayberry Dr** OR TIN (EMPLOYER ID #): **22-3139386**

CITY: **Cape May Court House** STATE: **NJ** ZIP: **08210** TIN (SOCIAL SECURITY #): _____

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. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/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 to obtain a copy and review prior to signing this document.

Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

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

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

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

SIGNATURE: X	PRINTED NAME: Raymond Burke	TITLE: Partner/Principal	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE: - Select One -	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: Raymond Burke	DATE:
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: Natasa Cvijanovic	REP ID #: 41816	DATE: 12/01/2019
REP PHONE #:	REP EMAIL: natasa@teslapayments.com	ELAVON USA-MSP-ELV-1018	

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.)

Form containing sections: COMPANY INFORMATION, ELECTRONIC CHECK SERVICE, ECS- PAPER CHECK CONVERSION, ACH CHECK - CHECK NOT PRESENT (CNP), OTHER ECS CHECK CONVERSION SERVICES REQUESTED, ACH CHECK QUESTIONNAIRE, FANFARE, FANFARE PACKAGES, CARD ORDER & RE-ORDERS, ADDITIONAL OPTIONS, STANDARD CARD ORDER DETAILS, FANFARE NOTES, OTHER VALUE ADDED SERVICES, and SIGNATURE.

Initials

Additional Ownership

Principal Information 2 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:		
	If ID Type "Other"					
	Other ID Type:	Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: :				Phone #:	
	City:			State/Province:	Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:					
	City:		State/Province:		Zip/Postal Code:	
	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
Intermediary Phone Number			Intermediary Email Address			

Principal Information 3 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:		
	If ID Type "Other"					
	Other ID Type:	Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: :				Phone #:	
	City:			State/Province:	Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:					
	City:		State/Province:		Zip/Postal Code:	
	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
Intermediary Phone Number			Intermediary Email Address			

Principal Information 4 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:		
	If ID Type "Other"					
	Other ID Type:	Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: :				Phone #:	
	City:			State/Province:	Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:					
	City:		State/Province:		Zip/Postal Code:	
	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
Intermediary Phone Number			Intermediary Email Address			

Principal Information 5 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:		
	If ID Type "Other"					
	Other ID Type:	Other ID#:	If Gov't Issued – ID Name:			
	Address/Type: :				Phone #:	
	City:			State/Province:	Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:					
	City:		State/Province:		Zip/Postal Code:	
	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
	Intermediary Phone Number			Intermediary Email Address		