

# Front Cover Sheet

Business (DBA): Goode to Go  
Contact First Name: Jim  
Contact Last Name: Brown  
**Business Address:** \_\_\_\_\_  
City: North Sioux City State: SD Zip: 57049  
Business Phone #: 605-780-3583  
Rep Number: 42192

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

## **Retail Face-to Face Company**

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

Complete Company Application Sales Worksheet (1 page)

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

### *Commonly Used Documents*

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

### *Alternate Acceptable Documents*

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

## **Additional Requirements for Card Not Present Companies**

- o 3 months of CURRENT processing statements if currently processing

## **Additional Requirements for Internet Companies**

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

## **Additional Requirements for a Non-Profit Company**






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

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

# NEW COMPANY APPLICATION

<b>1</b>	<b>COMPANY INFORMATION</b>		
◆ DBA NAME: <b>Goode to Go</b>			
CONTACT NAME: <b>Jim Brown</b>			
◆ DBA ADDRESS TYPE: <b>BSA</b> ◆ DBA ADDRESS1 (NO PO BOX):			
DBA ADDRESS 2:			
◆ CITY: <b>North Sioux City</b>	◆ STATE <b>SD</b>	◆ ZIP CODE: <b>57049</b>	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: <b>USA</b>			
◆ BUSINESS COUNTRY OF FORMATION: <b>USA</b>	◆ DBA PHONE #: <b>605-780-3583</b>		
◆ EMAIL ADDRESS:	DBA FAX #:		
YEAR ESTABLISHED:	MOBILE PHONE #:		
◆ LENGTH OF CURRENT OWNERSHIP:          YEARS,          MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION: <b>NON</b>			
<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)			
LOCATION NAME: <b>Goode to Go</b>		PHONE #: <b>605-780-3583</b>	
CONTACT: <b>Jim Brown</b>		FAX #:	
ADDRESS:	CITY: <b>North Sioux City</b>	STATE: <b>SD</b> ZIP CODE: <b>57049</b>	
<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 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 (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)</b>		
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP <u>100</u> %		<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> SOLE PROPRIETOR
◆ ADDITIONAL BENEFICIAL OWNERS? <b>NO</b>		<input checked="" type="checkbox"/> RESPONSIBLE PARTY	TITLE: <b>OP</b> IF OTHER:
◆ FIRST NAME: <b>Jim</b>		◆ MIDDLE NAME:	◆ LAST NAME: <b>Brown</b>
◆ ADDRESS TYPE: <b>PRA</b> ◆ ADDRESS (NO PO BOX): <b>503 S Harrison</b>			
◆ CITY: <b>Gettysburg</b>		◆ STATE/PROVINCE: <b>SD</b>	◆ ZIP/POSTAL CODE: <b>57442</b> ◆ COUNTRY: <b>USA</b>
◆ DOB: <b>09/14/1944</b>		◆ US PERSON: <b>Yes</b>	◆ PHONE #: <b>605-765-9703</b>
<small>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</small>			
▶ HOME ADDRESS:		▶ CITY:	▶ STATE:      ▶ ZIP CODE:
▶ ID TYPE: <b>SSN</b>		▶ ID #: <b>503503983</b>	▶ IF OTHER - ID TYPE:
▶ IF OTHER ID #:		▶ IF OTHER ID - COUNTRY OF ISSUANCE:	▶ IF OTHER GOVERNMENT ISSUED - ID NAME:
<b>OTHER COMPANY INFORMATION</b>			
◆ AVERAGE SALE AMOUNT: \$		<input type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)
◆ HIGH SALE AMOUNT: \$		<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT _____ %
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:		<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* _____ %
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$		<input type="checkbox"/> OMNI COMMERCE	INTERNET* _____ %
◆ ANNUAL REVENUE: \$		▶ INTERNET : PRODUCT WEBSITE:	
◆ INDUSTRY TYPE: <b>RE</b>		▶ INTERNET: "CONTACT US" EMAIL:	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:		*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
SPECIAL PROGRAM MCC ONLY: <b>5499A</b>		▶ CUSTOMER SERVICE PHONE #:	
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)		▶ PREVIOUS PROCESSOR:	
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:	◆ ABA/ROUTING #:	◆ DDA ACCOUNT #:
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT):	<input type="checkbox"/> Fast Track Funding	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)	PRICING CATEGORY
<input type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*     	<input 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 type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX	

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.							
<input checked="" type="checkbox"/> TIERED <input type="checkbox"/> FIXED OR <input type="checkbox"/> ENHANCED IC PLUS	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE	\$
	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING	\$
QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	RETURN ITEM FEE/NSF (PER OCCUR)	\$25
MID QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ACCOUNT MAINTENANCE	\$20
NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	CHARGEBACK (PER OCCUR)	\$25
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:	\$
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY MINIMUM	\$
REWARDS TIER (T-opt / EIC-req)	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY SERVICE FEE	\$
COMMERCIAL CARD TIER (T-opt / EIC-req)	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$0.000
PASS THRU:	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	OTHER:	\$0.000
<input type="checkbox"/> IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER:	\$0.000
OR <input type="checkbox"/> IC DIFF	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	STATEMENT: <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER	
MARKUP	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	<b>PRICING PROGRAMS</b>	
<input type="checkbox"/> DIFFERENTIAL	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	MONETARY PROGRAM:	
QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	AUTH PROGRAM:	
NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	EQUIPMENT: 59999	
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE**						MISCELLANEOUS: 59999	
**PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.							

AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE	
VISA	\$ ___	UNIONPAY	\$ ___	VOICE AUTH TOUCH TONE	\$ 0.65	<input checked="" type="checkbox"/> ASSOC COMPLIANCE	\$
MASTERCARD	\$ ___	WEX	\$ ___	VOICE- OPERATOR ASSISTED	\$ 1.950	<input type="checkbox"/> SAFE T SILVER	
DISCOVER	\$ ___	DIAL COMMUNICATION	\$ ___	VOICE – WITH AVS	\$ 2.200	<input type="checkbox"/> SAFE T GOLD	
AMEX	\$ ___	OTHER:	\$ ___	VOICE – BANK REFERRAL	\$ 4	<input type="checkbox"/> SAFE T Solo	
						Per month, taxes and other fees may apply, see company representation and certifications)	

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

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
				\$	\$		\$	\$	<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"/>	<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  2<sup>ND</sup> 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
<b>RENTAL EQUIPMENT:</b>					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$

*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\* : **Bet on Brown**

\*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): \_\_\_\_\_ OR TIN (EMPLOYER ID #): **20-1594230**

CITY: **North Sioux City** STATE: **SD** ZIP: **57049** 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](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 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:	TITLE: <b>Owner/Proprietor</b>	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:	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: <b>Morgan Withee</b>	REP ID #: <b>42192</b>	DATE:
REP PHONE #:	REP EMAIL: <b>morgan@impactpays.com</b>	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.)

**COMPANY INFORMATION**

DBA NAME: **Goode to Go**  
CONTACT NAME: **Jim Brown** DBA PHONE #: **605-780-3583**  
DBA ADDRESS 1 (NO PO BOX): \_\_\_\_\_ DBA ADDRESS 2: \_\_\_\_\_  
CITY: **North Sioux City** STATE: **SD** ZIP CODE: **57049**

**ELECTRONIC CHECK SERVICE**

▶ ANNUAL CHECK VOLUME: \$ \_\_\_\_\_ ▶ AVERAGE CHECK AMOUNT: \$ \_\_\_\_\_ ▶ MAXIMUM CHECK AMOUNT: \$ \_\_\_\_\_ ▶ ECS MONTHLY MINIMUM: \$ \_\_\_\_\_  
**ECS- PAPER CHECK CONVERSION**  
PROCESSING OPTIONS:  
 POP (POS IMAGE)  CONVERSION WITH GUARANTEE GUARANTEE RATE: % PER TRANSACTION: \$ \_\_\_\_\_  
 ARC (POS IMAGE)  CONVERSION W/ VERIFICATION **OR** PER TRANSACTION: \$ \_\_\_\_\_ PER RETURN TRANSACTION: \$ \_\_\_\_\_  COLLECTIONS  
 BOC  CONVERSION ONLY

**ACH CHECK - CHECK NOT PRESENT (CNP)**

PROCESSING OPTIONS:  
 CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP  ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$ \_\_\_\_\_ PER RETURN TRANSACTION: \$ \_\_\_\_\_  
 INDIVIDUAL ENROLLMENT (CHOOSE ONE)  ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ \_\_\_\_\_ PER RETURN TRANSACTION: \$ \_\_\_\_\_  
 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

**OTHER ECS CHECK CONVERSION SERVICES REQUESTED**

PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE)  NSF SERVICE FEE PROCESSING @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE  
 ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH PER MONTH 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)?  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)?  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

**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		
	CARD QUANTITY	PRICE		PROMOTIONAL QUANTITY	
<input type="checkbox"/> CUSTOM	_____	\$ _____		LOYALTY QUANTITY	
<input type="checkbox"/> STANDARD	_____	\$ _____		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](mailto: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**

**OTHER VALUE ADDED SERVICES**

DYNAMIC CURRENCY CONVERSION (DCC): DCC Conversion Rate: % \_\_\_\_\_ DCC Rebate: % \_\_\_\_\_  
Annual DCC Registration Fee: \$ \_\_\_\_\_ DCC Exchange Rate Source: **US Bank**  
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

# SALES WORKSHEET

**DBA:** Goode to Go

ACCOUNT DESIGNATION					
<input checked="" type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION	OF
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME:	
CLIENT GROUP #:	ENTITY:	REP #: 42192		AWB:	
ONSITE INSPECTION:					
<b>I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:</b>					
BUSINESS LOCATED IN: <input checked="" type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):					
<ul style="list-style-type: none"><li>• I HAVE PHYSICALLY BEEN ON SITE</li><li>• MERCHANT 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>					
<b>PERSON MET WITH:</b>					
PRINTED NAME: Morgan Withee		REP #: 42192	DATE: 01/01/2020		
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES:					

## 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:					
	Principal Information 3 (Owner/Partner/Officer)	Intermediary Business Information				
Intermediary Business Name			Intermediary Contact Name			
Intermediary Phone Number			Intermediary Email Address			
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:						
Principal Information 4 (Owner/Partner/Officer)	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
	Intermediary Phone Number			Intermediary Email Address		
	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:						



<b>Principal Information 5 (Owner/Partner/Officer)</b>	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		