

EFC STRATEGIC PARTNER COVER SHEET

New Merchant Application (March 2012)

Wholesale Partner Channel

EFC Fax Number: 1-866-317-0673

Number of Pages to Follow: 8

WHOLESALE PARTNER NAME: 8693 Impact PaySystem

MERCHANT NUMBER: 444 236 834 883

MERCHANT DBA NAME: Nuevo

Comments:

DOCUMENT CHECKLIST

| Document Order | Document | YES | NO (Please explain) |
|----------------|-----------------------------------|-------------------------------------|---------------------|
| 1 | Application ¹ | <input checked="" type="checkbox"/> | |
| 2 | Schedule A ¹ | <input checked="" type="checkbox"/> | |
| 3 | Coding Documentation ² | <input checked="" type="checkbox"/> | |
| 4 | Credit Requirements ³ | <input checked="" type="checkbox"/> | |

*****IMPORTANT NOTE*****

Each merchant application will need to be faxed separately with its own fax coversheet.

- 1 ISOs are required to submit this information.
- 2 Include forms if applicable. Any form you need to submit in order for your download to be built (i.e. Orbital, Wireless, Gift Card, etc.)
- 3 Include forms if applicable.



Merchant Application and Agreement

If you make any corrections, you MUST initial each change.

| | | |
|--|---------|---------------------------|
| THIS SECTION IS FOR INTERNAL USE ONLY | | Rev. NAPSTAND_ISO 10/2012 |
| Application ID: | 7521040 | Sales Rep: Tommy Prost |
| Rep Fax: | | Rep Phone: 581-8794 |

1. Merchant Business (Federal regulations require us to collect and retain information verifying a merchant's identity.)

| | | | |
|--|--------------------|---|------------------------------|
| "Doing Business As" (DBA) Information | | | |
| Merchant DBA Name Neuvo | | Date Business Started (MM/YYYY) 5 / 05 | |
| DBA Street Address (No PO Box or Paid Mail Box) 5158 Wheelis | | Telephone # 901-531-6000 | |
| City Memphis | State TN | Zip Code 38117 | Fax # 901 531-6003 |
| Name of Primary Contact Perry Piacenti | | Merchant DBA Email Address NeuvoSalon@comcast.net | |

| | | |
|--|---------------------------------|---|
| Legal Information (If you are an Individual/Sole Proprietor, fill in this section with your personal information) | | |
| Merchant Legal Name NEUVO | State of Formation TN | Federal Tax ID/EIN (sole prop use SSN) 2022291128 |

Complete this section if different from DBA Information.

| | | | |
|----------------------|-------|-------------|-------|
| Legal Street Address | | Telephone # | |
| City | State | Zip Code | Fax # |
| Legal Email Address | | | |

| | |
|--|---|
| Business and IRS Information (Please check the type of business and how it is taxed) | |
| <input checked="" type="checkbox"/> LLC | taxed as <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity ¹ |
| <input type="checkbox"/> Individual/Sole Proprietor | ¹ A Disregarded Entity is a business that is separate from its owner for legal purposes but the owner chooses to "disregard" that separation for federal income tax purposes. If an individual owns a Disregarded Entity, it is treated as a sole proprietor. If another legal entity owns it, it is treated as a branch or division of the owner. |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Private Corporation or <input type="checkbox"/> Public Corporation | taxed as <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> Government Agency or <input type="checkbox"/> Non-Profit ² | check if <input type="checkbox"/> Exempt from IRS backup withholding |

² Non-profit companies need to submit form 501C and, if exempt from sales tax, should also submit their state tax exempt certificate.

2. Merchant Profile

| | |
|---|--|
| Is your business home-based? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Has business ever been in bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes" above, where is the inventory located? HAIR SALON | What is your type of business? <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Auto Rental <input type="checkbox"/> Cash Advance <input type="checkbox"/> Convenience Store/Gas <input type="checkbox"/> Other: <input type="checkbox"/> Internet (You are required to list all website addresses): www. |
| What merchandise do you sell or services do you provide? HAIR SALON | |
| Is your business seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

3. Delivery of Statements, Chargeback Requests, and Retrieval Requests

| | | | |
|--|---|---|---|
| Statements (Select one delivery method and one address only) | | Chargeback and Retrieval Requests (Select one address only) | |
| <input type="checkbox"/> Email statements to <input type="checkbox"/> Legal email address <input type="checkbox"/> DBA email address | <input checked="" type="checkbox"/> Mail statements to (see pricing) <input checked="" type="checkbox"/> Legal address <input type="checkbox"/> DBA address | Mail requests to <input checked="" type="checkbox"/> Legal address <input type="checkbox"/> DBA address | To have retrievals faxed instead of mailed, provide fax number below: |

If you make any corrections, you MUST initial each change.

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4. Sales Information

What is the estimated annual breakdown (in %) of your annual Payment Card Transactions?

_____ % Via mail or phone order

_____ % Ecommerce - accepted on your website

90 % Card is swiped

10 % Card is present but keyed

100 % Total

Do you ever charge a Customer on a recurring basis? Yes No

If "Yes" above, how often will you charge?

30 Days 60 Days 90 Days Annually

Other:

If Customers are required to pay a deposit, what % of total sale? %

5. Ownership Information

If one or more individuals own your business,
 ➔ Complete section A or A and B for one or two who have greatest % of ownership.

If your business is a non-profit organization, publicly owned corporation, or governmental entity,
 ➔ Complete section C only.

If a parent company owns your business,
 Enter the name of the legal entity(ies) in section A or A and B

➔ Provide name of Authorized Representative in Section C.
 ➔ Substitute the parent company Federal Tax ID into the SSN section.

If Authorized Representative signing this Application is not an owner, they must be an officer of the business
 ➔ Complete section C only.

| | | | |
|--|-------|--------------------------|-------------------|
| A Name of Individual/Sole Proprietor or Parent Company | | Percentage of Ownership: | Social Security # |
| Perry Piacenti | | 100 % | 082-52-2830 |
| Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox) | | Date of Birth | |
| 1443 Wolf Park 2340 MontAlban Cw. | | 4/12/68 | |
| City | State | Zip Code | Telephone # |
| German town | TN | 38139 | 901-759-2393 |
| B Name of Individual/Sole Proprietor or Parent Company | | Percentage of Ownership: | Social Security # |
| | | % | |
| Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox) | | Date of Birth | |
| | | | |
| City | State | Zip Code | Telephone # |
| | | | |
| C Name of Authorized Representative | | Title | |
| | | | |

6. Funding and Account Information

The Merchant must own the bank account you provide below. Chase Paymentech may:

- deposit into this account amounts owed to Merchant by Chase Paymentech, such as proceeds from Merchant's Payment Card Transactions
- debit this account for amounts Merchant owes to Chase Paymentech associated with its Merchant account, such as fees for processing Merchant's Payment Card Transactions
- debit this account for any negative amounts presented, such as refunds, returns or Chargebacks

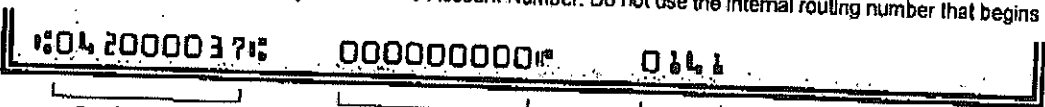
Name of Bank: First TN

Designating this bank account for the purposes outlined above must not violate any of Merchant's organizational documents or any agreement to which the Merchant is a party.

Routing Number (always consists of 9 digits): 084000026

Account Number (number of digits will vary): 172257569

The image below shows where to find your Routing Number and Account Number. Do not use the internal routing number that begins with a 5.



Routing Number (the 9 digits between the @ symbols) Account Number (the digits left of the @ symbol) Check Number

If you make any corrections, you MUST initial each change.

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7. Payment and Processing Information

If you have previously accepted payment cards, please include your three (3) most recent monthly processing statements.

Please check all payment methods you wish to accept:

Visa MasterCard Discover/JCB American Express
 Voyager Wright Express Gift Card PIN Debit

Current Payment Processor: Impact

Has Merchant ever had a breach involving lost card data or received a notification for a violation of the Payment Brand Rules? Yes No

| | |
|---|--------------|
| Total Annual Visa/MC/Discover Sales Volume (est.) | \$ 1,400,000 |
| Total Annual PIN Debit Sales Volume (estimated) | \$ 650k |
| Average Ticket Amount (estimated) | \$ 150 |
| Highest Transaction Amount (estimated) | \$ 1,000.00 |

8. American Express[®] Authorization

- American Express annual processing volume is greater than \$500,000.00, please provide American Express SE #:
 *If American Express annual processing volume is greater than \$500,000.00 and SE # is unknown or you would like to apply for one, please contact American Express directly at (855) 894-6570.
- American Express annual processing volume is, or is expected to be, \$500,000.00 or less, please complete section below.

| | | | |
|--|----|---|----|
| Estimated Total Annual American Express Sales Volume | \$ | Estimated Average American Express Transaction Amount | \$ |
|--|----|---|----|

All American Express fees are set by American Express and are subject to change by American Express. The fees set forth herein are only quotes, based upon the then-current American Express pricing guidelines, which may be modified from time to time.

If Merchant operates an internet/physical delivery, mail order/telephone order, or home-based business, Merchant will not be charged the American Express Discount Rate. Instead, Merchant will be charged a flat monthly fee of \$7.95. If Merchant is charged a flat monthly fee, for any reason, that fee will continue until Merchant's American Express volume exceeds \$4,999 in a 12-month period. At such time American Express will begin charging Merchant the applicable industry-specific American Express Discount Rate.

Based on Merchant's MCC, an additional per transaction fee may be applied to each American Express transaction.

| | |
|---|--------|
| American Express Discount Rate* | % |
| American Express Prepaid/Gift Card Discount Rate* | 1.95 % |

An inbound fee of 0.40% will be applied to any charge made using an American Express card issued by an issuer located outside of the United States. The inbound fee will not be applied on international American Express Prepaid/Gift Card transactions.

*For Merchants with a retail or restaurant MCC, an additional 0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present charges occurs.

*Supermarket MCCs will be assessed a Prepaid/Gift Card per transaction fee of \$0.20 rather than the stated Discount Rate.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express[®] Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Paymentech and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, from time to time, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct Paymentech and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance program.

X _____
 Signature _____ Date _____

9. Site Visit

If your business is selected for a site visit, Chase Paymentech, or a third party representing Chase Paymentech, will contact you at the number provided. You MUST assist with the site visit and Chase Paymentech MUST approve the results of the site visit.

The site visit includes, but is not limited to,

- an interview with you regarding the nature of your business, and
- photographs of your business operation.

If the site visit is not completed or the results of the site visit are not approved, Chase Paymentech may,

- decline your application for a merchant account
- withhold your funds, or
- terminate your Agreement with Chase Paymentech and close your Merchant account.

To help expedite the process, we require the following information:

Best phone # to contact you: 901-531-6000

Preferred language: English Spanish

Best time to reach you: MORNING

Other:

10. IRS Certification

Under penalty of perjury, I certify that:

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

Certification Instructions

You must cross out and initial #2 above if you have been notified by the IRS that you are currently subject to backup withholding.

IRS Form W-9 instructions available upon request.

If you make any corrections, you MUST initial each change.

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11. Authorized Representative(s)

The first five pages of this document are the Merchant's Application to establish a Merchant account with Paymentech, LLC ("Chase Paymentech") and JPMorgan Chase Bank, N.A. ("Member"). Once submitted, the Application belongs to Chase Paymentech and Member. Any set up fee paid by Merchant is non-refundable. The Application is subject to approval by Chase Paymentech and Member. If the Application is approved, Chase Paymentech will establish one or more Merchant account(s). All Merchant accounts will be governed by the entire Agreement, which includes: the Application, the Terms and Conditions, Schedule A (pricing), and any amendments, supplements or modifications provided to you.

- Through Its Authorized Representative(s), Merchant
- represents and warrants that all information contained within the Application as well as any information submitted in conjunction with the Application is true, complete, and not misleading
 - represents and warrants that it owns the bank account provided in Section 6
 - represents and warrants that It has received a complete copy of the Agreement, including the Terms and Conditions for Merchant Agreement and Schedule A
 - agrees to be legally bound by the Agreement
 - understands that any unilateral changes to the pre-printed text of any part of the Agreement may result in Chase Paymentech declining Merchant's Application or terminating the Agreement
 - agrees that Chase Paymentech, Member, or their designees, may
 - investigate and verify the credit and financial information of Merchant
 - obtain consumer and commercial credit reports on Merchant and its owner(s) from time to time
 - use consumer and commercial credit reports on Merchant and its owner(s) in connection with the establishment and maintenance of Merchant's account and Agreement
 - agrees that Member and Chase Paymentech may share credit, financial information about Merchant and Chase Paymentech.

As a person who submits the Application on behalf of Merchant and who signs this document on behalf of Merchant, I, the undersigned, certify that

- I am an owner, partner, officer or other authorized representative of the Merchant ("Authorized Representative")
- I have been duly authorized to
 - submit the Application, and all information contained therein, on behalf of the Merchant
 - sign the Application and Agreement on behalf of Merchant
 - legally bind the Merchant to the Agreement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. (See Section 10 above).

Authorized Representative: Signer's name must appear in Section 5A, 5B, or 5C

X  _____ Perry Piacenti _____ 12/4/12

Signature _____ Print Name _____ Date _____

Authorized Representative: Signer's name must appear in Section 5A, 5B, or 5C

X _____ _____ _____

Signature _____ Print Name _____ Date _____

12. Individual Guarantor(s)

The person(s) acting as individual guarantor(s) must have an ownership interest in Merchant and must be listed in Section 5 of this Application. As an individual(s) who agrees to be personally responsible for Merchant's account with Chase Paymentech (a "Guarantor"), I

- certify I have received and reviewed a complete copy of the Agreement, including the Application, Terms and Conditions, and Schedule A
- certify I have read the Agreement, including, without limitation, the "Personal Guaranty" section at the end of the Terms and Conditions
- agree to be bound as a Guarantor of the Merchant's obligations under the Agreement in accordance with the "Personal Guaranty" section of the Terms and Conditions
- certify that I have an ownership interest in Merchant
- agree that Chase Paymentech, Member, or their designees, may investigate and verify the credit and financial information about me and may obtain consumer credit reports on me from time to time
- agree that Chase Paymentech, Member, or their designees, may use such consumer credit reports in connection with establishing and maintaining the Merchant's account and Agreement
- agree that all business references, including financial institutions, may share my credit and financial information with Chase Paymentech

Guarantor:

X  _____ Perry Piacenti _____ 12/4/12

Signature _____ Print Name _____ Date _____

Guarantor:

X _____ _____ _____

Signature _____ Print Name _____ Date _____

If you make any corrections, you MUST initial each change.

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13. Independent Sales Organization

Impact PaySystem, LLC is an independent sales and service organization and a registered ISO/MSP of Chase Paymentech Solutions, LLC (referred to in this ISO Application and Agreement as "ISO"). While Chase Paymentech will be the sole provider of the services necessary to authorize, process and settle all of your Transactions in accordance with the terms and conditions of the Agreement, ISO will be your source for all customer service matters. Therefore, for customer service matters, please contact ISO directly. Through its Authorized Representative(s), Merchant authorizes and directs Chase Paymentech to share Merchant's financial information, information related to Merchant's Transactions (including Payment Instrument Information) and other information that Merchant provides to Chase Paymentech with ISO. Merchant understands and agrees that Chase Paymentech will not be responsible for ISO's subsequent use or disclosure of such information.

14. Visa Disclosure

Member Bank and Acquirer Information

Member Bank: JPMorgan Chase Bank, N.A.
 Acquirer: Paymentech, LLC
 Acquirer Address: 14221 Dallas Parkway
 Dallas, Texas 75254
 Acquirer Phone: 888.203.6839

Merchant Information

Merchant Name: *WUVO*
 Merchant Address: *5158 Wheelis*
Memphis, TN 38117
 Merchant Phone: *901-531-6000*

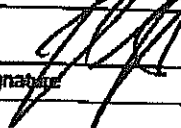
Important Member Bank / Acquirer Responsibilities

- (a) The Member / Acquirer is approved to extend acceptance of products directly to Merchant
- (b) The Member / Acquirer must be a principal (signer) to the ISO Merchant Application and Agreement
- (c) The Member / Acquirer will assist merchants in understanding pertinent Visa International Operating Regulations with which Merchants must comply. See your ISO Merchant Application and Agreement and the following website for details: http://usa.visa.com/merchants/operations/op_regulations.html. Contact your sales or account representative with any questions.
- (d) The Member / Acquirer is responsible for and must provide settlement funds to the Merchant.
- (e) The Member / Acquirer is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities

- (a) Merchant must ensure compliance with Payment Instrument Information security and storage requirements.
- (b) Merchant must maintain fraud and Chargebacks below thresholds.
- (c) Merchant must review and understand the terms of the ISO Merchant Application and Agreement.
- (d) Merchant must comply with all Visa International Operating Regulations.

The responsibilities listed above do not supersede terms of the ISO Merchant Application and Agreement and are provided to ensure Merchant understands some important obligations of each party and that the Member / Acquirer is the ultimate authority should the Merchant have any problems.

X  _____ Title OWNER Date 12-4/12

If any of the information provided in this Merchant Application and Agreement changes, you must notify Chase Paymentech of such change(s) as soon as possible.

Internal Use Only: Approved by Paymentech, LLC for itself and on behalf of JPMorgan Chase Bank, N.A.

 Signature Title Date



Merchant Legal Name: New Us

Schedule A to Merchant Agreement

Interchange Pass-Thru Pricing: MasterCard, Visa and Discover assess Interchange Fees, Assessment Fees, and Association Fees to Chase Paymentech Solutions for each card transaction type. These rates and fees are "passed-thru" to the merchant.

Target Qualification Level: Merit III (009) / CPS Retail (023) / PSL-Retail Core (310)
Pricing Method: Net

Processor Fees:

| | | | |
|--|------|---|-----|
| MasterCard Auth Fee: | .10 | MasterCard Trans Fee: | .10 |
| Visa Auth Fee: | .10 | Visa Trans Fee: | .10 |
| MasterCard / Visa / Discover Discount Fee: | .25% | Non-Qualified Surcharge: | N/A |
| Discover Auth Fee: | .10 | Discover Trans Fee: | .10 |
| American Express Auth Fee: | N/A | American Express Trans Fee: | N/A |
| PIN Debit Interchange: | | Pass-thru Fees as set by each Debit Network | |
| PIN Debit Trans Fee: | .20 | EBT Trans Fee: | N/A |
| WEX Auth Fee: | N/A | WEX Trans Fee: | N/A |
| Voyager Auth Fee: | N/A | Voyager Trans Fee: | N/A |
| Private Label Auth Fee: | N/A | Wireless Trans Fee: | N/A |

Other Service Fees:

| | | | |
|------------------------------|---------|---------------------------------------|--------------|
| Application Fee: | N/A | Chargeback Fee: | \$25.00 |
| Reprogram Fee: | N/A | Retrieval Fee: | \$15.00 |
| Annual Membership Fee: | N/A | Voice Authorization: | \$1.9500 |
| Monthly Account Fee: | 7.50 | Electronic AVS Fee: | \$0.2500 .02 |
| Help Desk Fee: | N/A | Batch Settlement Fee: | \$0.2500 .20 |
| Monthly Statement Fee: | N/A | ACH Fee: | N/A |
| Resource Online Monthly Fee: | \$1.00 | ACH Reject: | \$29.00 |
| Account Minimum Fee: | \$25.00 | | |
| Internet Setup Fee: | N/A | Internet Service Fee: | N/A |
| Wireless Comm Setup Fee: | N/A | Wireless Comm Monthly Fee: | N/A |
| Stored Value Set Up Fee: | N/A | Stored Value Monthly Fee: | N/A |
| Stored Value Auth Fee: | N/A | Stored Value Block Activation Fee: | N/A |
| Voyager Monthly Fee: | N/A | Voyager Discount Rate: | N/A |
| Terminal Service Fee: | N/A | Monthly Service Charge Fee (Supplies) | N/A |

Pass-Thru Fees As Set By Each Payment Brand:

| MC / Visa / Discover Interchange: | Pass-thru Fees as set by each Payment Brand | | |
|--|---|--|--------------------|
| MC Assessment Fee: | 0.1100% | MC Network Access Usage Fee: | \$0.0185 |
| Visa Assessment Fee: | 0.1100% | Visa Auth Processing Fee (Credit): | \$0.0195 |
| | | Visa Auth Processing Fee (Debit/PP): | \$0.0165 |
| Discover Assessment Fee: | 0.1050% | Discover Data Usage Fee: | \$0.0185 |
| MC Cross Border Fee: | 0.40% | Discover Int'l Service Fee: | 0.55% |
| Visa Int'l Service Fee: | 0.40% | Visa Transaction Integrity Fee: | \$0.100 |
| Visa Zero \$ Verification Fee: | \$0.025 | Visa Misuse of Authorization Fee: | \$0.048 |
| Visa Zero Floor Limit Fee: | \$0.100 | Visa Fixed Acquirer Network Fee: | Pass-thru |
| Visa Partial Auth Non-Participation Fee (MCC 5542) | N/A | MC AVS Auth Access Fee (CP/CNP): | \$0.005/\$0.0075 |
| MC Assessment - Credit Txn \$1000 or Greater | 0.0200% | MC Processing Integrity - Misuse of Auth Fee: | \$0.0550 |
| | | MC Account Status Verification Fee - Intra/Inter-Regional: | \$0.0250/ \$0.0300 |

Equipment Replacement: Point of sale equipment devices that (i) are not compliant with the Payment Brand Rules, including the Payment Card Industry Data Security Standards; (ii) have been discontinued by the manufacturer; or (iii) in Paymentech's sole discretion cannot be refurbished and resold, for any reason, shall not be sent to Paymentech for replacement.

Amount payable upon termination: In addition to the other amounts due under this Agreement (including, without limitation, the fees and charges described in this Schedule A), you may owe an amount in the event you terminate this Agreement. Whether you will owe that amount, and how much you will owe, will be determined in accordance with Section 10 of this Agreement.

Initials:

Additional Information About Your Fees

Payment Brand Charges: A significant amount of the fees that we charge you for processing your Payment Transactions consists of charges that we must pay to the Payment Brands and Payment Brand issuers (or that are otherwise charged by the Payment Brands and Payment Brand issuers in connection with your Payment Transactions). These charges, which include interchange, assessments, file transmission fees, and other charges are referred to in this Schedule as "Payment Brand Charges". Thus, in addition to the fees set forth above in this Schedule, you will also be charged Payment

Brand Charges. Notwithstanding the foregoing, we may temporarily elect not to charge you for certain Payment Brand Charges. Therefore, it is possible that you may not be charged for certain Payment Brand Charges for a period of time. If that is the case, our election not to charge you for those Payment Brand Charges should not be construed as a waiver of our right to charge you for those Payment Brand Charges, and we reserve the right to start charging you for them upon notice to you at any time in the future. No such charges will be imposed retroactively, however. Our right to impose such charges in the future extends to Payment Brand Charges currently in effect, increases in the amount of those Payment Brand Charges, and new Payment Brand Charges imposed by Payment Brands and Payment Brand Issuers.

Interchange and Assessments: Payment Brand Charges, including interchange fees and assessments, are set by the Payment Brands and Payment Brand Issuers based in part upon a series of interchange levels that they establish and modify from time to time. Thus, the interchange fee and amount of assessments charged for a given Payment Transaction depends on the interchange level applicable to that Payment Transaction; and that interchange level depends on a number of factors established by the Payment Brands, such as the type of Payment Instrument presented, specific information contained in the Payment Transaction, how and when the Payment Transaction is processed, your industry, and other factors. For a Payment Transaction to qualify at any specific interchange level, the applicable qualification criteria must be met. Note that the Payment Brands regularly add new interchange levels, and change the interchange rates or qualification criteria for existing interchange levels.

Target Discount Rate and Target Qualification Level: The Target Qualification Level is the interchange level that we expect to apply to your Payment Transactions. It is determined based on the type of Payment Transactions you submit and how they will most likely be processed. However, it is possible that some or many of your Payment Transactions will downgrade to a more costly interchange level, resulting in higher interchange. This may occur because those "Non-Qualified Transactions" do not meet the criteria to qualify at your Target Qualification Level. Paymentech has set your Target Qualification Level based on the assumption that all of your Payment Transactions will satisfy the criteria established by the Payment Brand rules to meet the Target Qualification Level set forth on your pricing schedule. The actual interchange applicable to each transaction, though, will be based on the actual qualification level of the transaction. A summary of the primary qualification criteria for each interchange level established by the Payment Brands is available at www.chasepaymentech.com/interchange_chart.

Non-Qualified Transactions: Non-Qualified Transactions will qualify at a level resulting in interchange fees higher than those applicable to your Target Qualification Level. For processing each such Non-Qualified Transaction, we will charge you both the actual interchange applicable to the transaction and an additional Non-Qualified Surcharge, as defined below. The total of any Non-Qualified Transaction will appear on your statement.

Non-Qualified Surcharge: a fee assessed by Paymentech for processing a Non-Qualified Transaction, and is calculated as a percentage of the amount of the Non-Qualified Transaction.

Capitalized Terms: Please review the definitions in your Agreement so that you understand the capitalization terms we use in this pricing schedule. The capitalization term "Payment Brand" has the same meaning as the term "Payment Brand" or "Association" in your Agreement. The capitalization term "Rules" has the same meaning as the term "Rules", "Association Rules", or "Regulations" in your Agreement. The capitalization term "Payment Transaction" has the same meaning as the term "Payment Transaction", "Card Transaction", or "Sales Data" in your Agreement. The capitalization term "Payment Instrument" has the same meaning as the term "Payment Instrument", "Card", or "credit card" in your agreement.

IF YOU SELECT TO USE A PINPAD ENTRY DEVICE, PLEASE READ THE FOLLOWING CAREFULLY If you are not currently using a PCI PED / TDES device according to the Visa website listing, you will be required to upgrade to a certified device at your own cost. You can find a listing of devices supported by Chase Paymentech at www.chasepaymentech.com/merchantscenter.

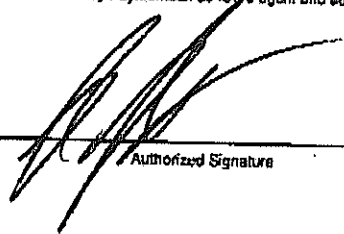
Any supplies or equipment purchased directly by merchant from ISO may also be collected by Paymentech as ISO's agent and authorized by merchant. Merchant and ISO shall ensure all applicable taxes are paid.

Contact Information

Name:

Phone:

Fax:

X  _____
Authorized Signature Date

Terminal Input Request Form

| | | | | | |
|--|---|------------------------------|----------------------------------|--------------------------------|--------------|
| Name: | CHERI HANSEN | Email: | CODING@IMPACTPAYSYSTEM.COM | Phone: | 901-601-0032 |
| Request Type: | New Merchant | | | | |
| Client #: | 8693 | Division: | | SIC #: | |
| PNS #: | | Bank #: | | Industry: | |
| DBA: | NEWLO | Capture Type: | TCS | | |
| Address: | 515 Wheelie | Phone: | 901-531-6000 | | |
| City: | Memphis | State: | TN | Zip: | 38117 |
| Routing: | | DDA: | | System/PRIN: | |
| Terminal Type: | UK510 | Memory Size: | | Quantity: | |
| Printer: | | | | | |
| Pinpad: | | | | | |
| Communication Type: | Dial | | | | |
| Debit: | Yes | Cashback Amount \$ | | Surcharge Amount \$ | |
| <small>*Debit defaults: Pulse, NYCE, Star, Interlink, ACCEL, AFFN, CU24, Maestro, Alaska, Jeanie, Shazam, RC</small> | | | | | |
| Amex #: | N/A | Capture Type: | D | | |
| Discover #: | | Capture Type: | D | Full Serv: | N |
| EBT: | | Cashback Amount \$ | | FCS# | |
| Check Service: | | | Service ID # | | |
| Private Label: | <input type="checkbox"/> Giftcard | <input type="checkbox"/> WEX | <input type="checkbox"/> Voyager | <input type="checkbox"/> Other | |
| HCS Auto Close | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Timed: 11d | | |
| TCS Auto Close | <input type="checkbox"/> Yes, | | <input type="checkbox"/> No | | |
| Special Instructions: | merchant will need tip line | | | | |

Please completed fill out form; once completed, submit to TampaDataEntry@ChasePaymentech.com