

# MERCHANT PROCESSING AGREEMENT

## Merchant Application and Fee Schedule

8500 Governors Hill Drive  
 Symmes Twp, OH 45249-1384  
 Phone: 888-208-7231  
 Fax: 877-822-1248

Please carefully complete the Application and read the Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. **The Terms and Conditions can be viewed at <https://empower2.fisglobal.com/npcma>. Please retain the website to review the Terms and Conditions as well a copy of the Merchant Application for your records.** Worldpay ISO, Inc. ("NPC") and Member Bank's acceptance of this Application will be made in a manner authorized in the Agreements and/or Terms and Conditions.

Sales Representative ID Number (9 digit or 16 digit code)

T	1	1	3	7	R	0	2	7
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Bank # or Merchant Association #:

**SECTION 1 MERCHANT BUSINESS INFORMATION**

Business Legal Name: (Must Match Business Tax Return Name) SCOTTSDALE CENTER FOR ROBOTIC SU		Contact Name: SHANE MARTIN	
Business Name (DBA): SCOTTSDALE CENTER FOR ROBOTIC SU <input type="checkbox"/> Check here if Corporate Headquarters		E-mail address: CWICKER@SCRSAZ.COM	Website: HTTPSSCRSAZ.COM
Business Location Address: 9377 E BELL RD STE 201		Business Billing Address: (if different from location address) 9377 E BELL RD STE 201	
City, State, Zip: SCOTTSDALE, AZ, 85260		City, State, Zip: SCOTTSDALE, AZ, 85260	
Phone #: (480) 485-1409	Fax #:	Phone #: (480) 485-1409	Fax #:
Federal Tax ID #: 85-0843850			

**SECTION 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of certain legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Type of Legal Entity:				
<input type="checkbox"/> Association/Estate/Trust	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Partnership	<input type="checkbox"/> SEC Registered Entity	
<input type="checkbox"/> Government (Federal/State/Local)	<input type="checkbox"/> LLC	<input checked="" type="checkbox"/> Private Corporation		
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Non-Profit/Tax-Exempt (501C)	<input type="checkbox"/> Publicly-Traded Corporation		
Is Merchant a government entity or an entity at least 50% owned or controlled by a government entity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If "yes" checked above, list country name of owning or controlling government entity:				
Control Owner/Officer/Principal Name: Shane Lamar Martin	Title: Owner	DOB: 9/14/1973	SSN #: 173-62-3897	Ownership Percentage 100
Home Address: 17623 N 58th Pl		City, State, ZIP: Scottsdale, AZ 85254		Phone #: (602) 328-0382
Beneficial Owner/Officer/Principal Name: Shane Lamar Martin	Title: Owner	DOB: 9/14/1973	SSN #: 173-62-3897	Ownership Percentage 100
Home Address: 17623 N 58th Pl		City, State, ZIP: Scottsdale, AZ 85254		Phone #: (602) 328-0382
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:		City, State, ZIP:		Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:		City, State, ZIP:		Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:		City, State, ZIP:		Phone #:

**SECTION 3 IMPORTANT DISCLOSURES** Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.0123

<p><b>IMPORTANT MEMBER BANK RESPONSIBILITIES:</b> (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) A Visa Member must be a principal (signer) to the Merchant Agreement. (3) The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. (4) The Visa Member is responsible for and must provide settlement funds to the Merchant. (5) The Visa Member is responsible for all funds held in reserve that are derived from settlement.</p> <p><b>IMPORTANT MERCHANT RESPONSIBILITIES:</b> (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.</p>		<p><b>MEMBER BANK:</b>                  Fifth Third Bank, N.A.                  c/o Worldpay LLC                  8500 Governors Hill Drive                  Symmes Township, OH                  45249                  (888) 208-7231</p>
Signature (Signature may be evidenced by facsimile) X	Name (please print) SCOTTSDALE CENTER FOR ROBOTIC SURGERY	Date 1/18/2024

Merchant's Business Name (Legal):SCOTTSDALE CENTER FOR ROBOTIC SU

**SECTION 4 BUSINESS PROFILE AND ASSUMPTIONS**

<input type="checkbox"/> Ownership or Legal Entity Change	Close NPC Existing MID#:	Close Date Existing MID#:	Open Date:
Annual Volume (Visa/MC/DS/AX): \$1,080,000.00	% Card Present 100	% Card Swipe 100	% Imprint (Manually Keyed) 0
Average Ticket (Visa/MC/DS/AX): \$4,000.00	% Card Not Present 0	% MOTO 0	% Internet 0
Highest Ticket (Visa/MC/DS/AX): \$75,000.00	Total 100%		% of International Cards 0

Add'l. Location 1st Location MID:  Never Accepted Cards  Processor Change - How many processing statements are you including?

Type of Goods/ Service Sold: **Doctors and Physicians\_Not Elsewhere Classified**

MCC: 8011 REFUND POLICY (Check One):  No Refund  Refund in 30 days or less  Merchandise exchange only  Other

Seasonal Sales:  Yes  No Active Months:  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

**SECTION 5 COMPLIANCE INFORMATION**

Do you (MERCHANT) have a  3rd party software application/gateway or  POS Terminal Do you store cardholder data? Paper -  YES  NO Electronic -  YES  NO

Have you ever experienced an Account Data Compromise?  YES  NO If yes, have you completed remediation?  YES  NO

Third Party Software/Gateway Vendor Name and Address: Third Party Software/ Gateway Vendor Contact Information:

Version # Merchant data to which this vendor has access: Does software store cardholder information?  YES  NO

All merchants must comply with the Payment Card Industry Data Security Standard ("PCI DSS"). Merchant is required to maintain the security of card data and to comply with the requirements of the PCI DSS. Merchant must validate its compliance with the PCI DSS and provide NPC with evidence that Merchant (a) has successfully completed a Self Assessment Questionnaire and scan(s), if applicable, and (b) is compliant with the PCI DSS. NPC has created the PCI Program ("PCI Program") to assist merchants in securing card data and complying with PCI DSS. You may be enrolled in the PCI Program and the applicable fees will be assessed in accordance with the terms of the PCI Program. Information on the PCI Program is set forth in Section 15 of the Terms and Conditions and the applicable fees are set forth in Section 8 of this Application. All gateway or other vendor supplied software must be compliant with the Payment Application Data Security Standard rules ("PA DSS").

**SECTION 6 MERCHANT BANK ACCOUNT INFORMATION**

In accordance with the terms set out in the Merchant Processing Agreement, funds will be transferred to/from the account as delineated. If nothing is checked, MERCHANT will receive Premium ACH. ACH can be performed by the following entities: Member Bank, NPC or any authorized agent of NPC or any Third Party Service Provider with whom you have contracted. \*Subject to special approval

Deposit Time Frame:  Premium ACH  Alternate Funding\* Deposit Type:  Combined  By Batch

Any ACCOUNT NUMBER indicated must be a valid account number for handling ACH deposits and withdrawals. If more than one account is indicated, account #1 will be used for Sales.

Routing #1:	1	2	2	1	0	5	4	9	8	DDA Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account #1:	8	0	9	7	2	6	7	3	5	3	

Routing #2: DDA Account Type:  Checking  Savings

Account #2: If a second account, this account is used for:  
 Discount  Fees  Credits  Chargebacks

Merchant's Business Name (Legal):SCOTTSDALE CENTER FOR ROBOTIC SU

SECTION 7 FEE SCHEDULE					
APPLICATION TYPE:	<input type="checkbox"/> Tiered <sup>^</sup>	<input checked="" type="checkbox"/> Flat Rate <sup>‡</sup>	DISCOUNT:	<input checked="" type="checkbox"/> Daily	CARD OPTIONS:
	<input type="checkbox"/> Interchange <sup>#</sup>	<input type="checkbox"/> Cash Advance		<input type="checkbox"/> Monthly	<input type="checkbox"/> All Cards <input type="checkbox"/> Other Cards <input type="checkbox"/> Debit Card Only
BUSINESS TYPE		<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Mail/Telephone Order <sup>**</sup> <input type="checkbox"/> Internet <sup>**</sup>			
SUB BUSINESS TYPE		<input type="checkbox"/> Retail Key Entered <sup>**</sup> <input type="checkbox"/> DialPay Capture <sup>**</sup> <input type="checkbox"/> MOTO/CardSwipe <sup>**</sup> <input type="checkbox"/> Large Ticket			
VISA/MASTERCARD/DISCOVER (V/MC/D) Rate Category	Discount Rate	Transaction Fee	AMERICAN EXPRESS Rate Category*	Discount Rate	Transaction Fee
Base	2.91 %	\$ 0.00	Base	2.91 %	\$ 0.00
Mid-Qualified <sup>1</sup> <small>(Not Applicable for Retail Key Entered, MOTO, Internet, DialPay Merchants)</small>	+ 0.00 %	+\$ 0.00	Mid-Qualified <sup>1</sup>	+ 0.00 %	+\$ 0.00
Non-Qualified <sup>2</sup>	+ 0.00 %	+\$ 0.00	Non-Qualified <sup>2</sup>	+ 0.00 %	+\$ 0.00
Base Debit NON PIN-Based <sup>3</sup> <small>(Same as V/MC/D Discount Rate if left blank)</small>	%	+\$	<b>Miscellaneous Product Fees</b>		
<input type="checkbox"/> Debit PIN-Based <sup>4</sup>	Monthly Hosting Fee \$	\$			
Qualified Rewards <sup>5</sup>	%	Same as Visa/MC/Discover Transaction Fee	<input type="checkbox"/> Wireless Service <sup>3</sup>	Quantity	Setup Fee
Transaction fees are charged for all transaction authorization attempts. <sup>1</sup> Added to Base discount rate and transaction fee. <sup>2</sup> Added to applicable Mid-Qualified discount rate and transaction fee. <sup>3</sup> Transaction fee is in addition to the applicable Base, Mid-Qualified, or Non-Qualified transaction fee, regardless of transaction qualification. <sup>4</sup> Debit Network Interchange, sponsorship, switch and gateway fees, and any miscellaneous fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures. <sup>5</sup> Same as Mid-Qualified discount rate if left blank for the applicable Reward categories collected by NPC (Not Applicable for Retail Key Entered, MOTO, Internet, DialPay Merchants).			Monthly Hosting Fee	Transaction Fee	
			Quantity	Setup Fee \$	Monthly Hosting Fee \$
			<input type="checkbox"/> Micros <sup>3</sup>	Quantity	Setup Fee
			Quantity	Setup Fee \$	Monthly Hosting Fee \$
			<input type="checkbox"/> Internet Services <sup>3</sup>	Quantity	Setup Fee
			Quantity	Setup Fee \$	Monthly Hosting Fee \$
<p><b><sup>^</sup> TIERED MERCHANTS ONLY</b> - Commercial Card transactions that do not meet the requirements to qualify for preferred rates will be assessed an additional fee of 0.50% (0.0050) on such sales volume. <sup>6</sup>Regulated applies to all Base NON PIN debit transactions from issuers that are not exempt pursuant to 12 CFR Part 235. NON PIN debit transactions from exempt issuers will fall under the Base V/MC/D discount rate. If a rate is identified but the Regulated Only box is not checked, then this rate applies to all Base NON PIN debit transactions. <sup>**</sup>If the Retail Key Entered/MOTO/Internet/DialPay Business Type is selected, Rewards cards will be charged discount rates plus 0.11% (0.0011) on all transactions. NPC's processing fees and Card Brand interchange fees are included in the discount rate. All other Card Brand fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures.</p>					
<p><b><sup>#</sup> INTERCHANGE MERCHANTS ONLY - CARD ORGANIZATION FEES:</b> Visa, MasterCard and Discover Interchange fees, assessments and other fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures.</p>					
<p><b><sup>‡</sup> FLAT RATE MERCHANTS ONLY - CARD ORGANIZATION FEES:</b> All fees are included in discount rate and transaction fee above except fees related to International transactions. Does not apply to American Express.</p>					
<p><b><sup>*</sup> AMERICAN EXPRESS</b> - Existing American Express Number <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, Existing American Express Account Number: Annual Estimated or Actual American Express Volume is less than \$1,000,000.00 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If No, then you are not eligible for the American Express Program unless the MCC is excluded according to current American Express OptBlue Program limitations. If No and your volume decreases to less than \$1,000,000, you may be converted to the American Express OptBlue Program unless you have opted out. <input type="checkbox"/> By checking this box, you elect to opt out of the American Express Program <input type="checkbox"/> By checking this box, you elect to opt out of receiving American Express Marketing Materials.</p>					
SECTION 8 OCCURRENCE FEES					
<input type="checkbox"/> Group Annual	Charged in the Month of <b>October</b>	ACH DBA Change Fee	\$25.00 /each	Global FFE Auth	\$0.03 /each
<input type="checkbox"/> Regulatory & Compliance Fee <sup>5</sup>	Charged Annually in the Month of <b>March</b>	Retrieval Request	\$15.00 /each	<input type="checkbox"/> Advantage Buyer Program	\$25.00 /month
<input type="checkbox"/> Card Brand Usage Fee (NABU) - MasterCard <sup>3</sup>	\$0.06 /each	<input type="checkbox"/> Minimum Bill	\$30.00 /month	TSYS FFE Auth	\$0.03 /each
<input type="checkbox"/> Card Brand Usage Fee (NABU) - Visa <sup>3</sup>	\$0.06 /each	<input type="checkbox"/> Semi Annual Fee	\$45.00	<input checked="" type="checkbox"/> Paper Statement	\$10.00 /month
<input type="checkbox"/> Application Fee	\$0.00 /once	Charged in the Months of <b>October</b> and 6 months thereafter		<input type="checkbox"/> Welcome Kit	\$0.00 /once
On File Fee	\$0.00 /month	<input type="checkbox"/> Early Deconversion Fee <sup>1</sup>	\$375.00 /once	Monthly Terminal Fee <sup>2</sup>	\$2.99 /month
Batch Fee	\$0.00 /per batch	Chargeback Fee	\$15.00 /each	<b>PCI PROGRAM</b>	
Voice Authorization Fee	\$0.95 /each	<input type="checkbox"/> Address Verification	\$0.00 /each	<input type="checkbox"/> SaferPayments Basic <sup>4</sup>	\$19.95 /month
		<input checked="" type="checkbox"/> Regulatory and Compliance Fee <sup>5</sup>	\$59.00 /annual	<input type="checkbox"/> SaferPayments Managed <sup>4</sup>	\$0.00 /month
Return ACH(s) are subject to a \$25.00 fee for each occurrence. <b>1099 K Reporting is provided at No Charge</b>					
<sup>1</sup> The initial term of the Merchant Agreement is 3 years and automatically renews for additional 3 year periods. If this Agreement is terminated prior to the expiration of the initial term or any renewal term, you will be subject to an Early Deconversion Fee ("EDF") in accordance with the terms of Section 7.B of the Terms and Conditions. If limited by state law, these fees may be modified in accordance with Section 7B of the Terms and Conditions.					
<sup>2</sup> Monthly Terminal Fee of \$2.99 will be assessed per month on all next-generation terminals, as applicable.					
<sup>3</sup> The Card Brand Usage Fee (NABU) includes the MasterCard Network Assessment and Brand Usage Fee, the Visa Acquirer Processing Fee, and the Visa Base II Transaction Fee and applies to Tiered Merchants Only.					
<sup>4</sup> See Section 15 of the Terms and Conditions for additional information. In addition, Merchant may be charged a PCI Non-Compliance fee of \$74.95 per month per MID if not in compliance with PCI Rules and Regulations. Please refer to Section 6.G of the Terms and Conditions.					
<sup>5</sup> See Section 13 of the Terms and Conditions for additional information.					

Merchant's Business Name (Legal):SCOTTSDALE CENTER FOR ROBOTIC SU

**SECTION 9 UNLIMITED PERSONAL GUARANTY AND CREDIT INFORMATION AUTHORIZATION**

**PERSONAL GUARANTEE:** In exchange for NPC's and Member Bank's acceptance of this Merchant Agreement, each person signing immediately below this paragraph (each such person, a "Guarantor") is signing this Merchant Agreement as a Guarantor of the Merchant identified on page 1 of the Merchant Agreement. By signing below, each Guarantor (i) accepts and agrees to be bound by the Continuing Unlimited Guaranty provisions starting in Section 11 of the Terms and Conditions, and (ii) acknowledges and confirms that, prior to signing, he or she received and read those Continuing Guaranty provisions. Each Guarantor individually authorizes NPC, Member Bank, and/or either of their representatives to conduct an initial and ongoing comprehensive credit investigation of him or her by utilizing a third-party credit reporting agency and/or to obtain a criminal background check. Guarantor acknowledges receipt of the Merchant Agreement, which is incorporated herein by reference as if fully set forth herein and has reviewed the Continuing Unlimited Guaranty provisions therein.

Authorized Signature of Guarantor: (Do Not Include Title)		Guarantor Name: Martin Lamar	Date of Signature:
Home Address 17623 N 58th Pl		City, State, ZIP: Scottsdale,AZ 85254	
Date of Birth: 9/14/1973	Social Security Number: 173-62-3897	Phone #: (602) 328-0382	

**SECTION 10 PATRIOT ACT AND BACKGROUND AUTHORIZATION**

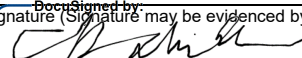
To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The undersigned entity(ies) and individuals hereby unconditionally authorize NPC and Member Bank or its agents to (i) investigate the information and references contained herein, and to obtain additional information about the Merchant and such individual(s) by pulling credit bureau and criminal background checks on the Merchant and its principals, including obtaining reports from consumer reporting agencies on individuals signing below as an owner or general partner of Merchant, or providing their Social Security Number on the Application (if such individual asks NPC or Member Bank whether or not a consumer report was requested, NPC and/or Member Bank will tell such individual and, if NPC and/or Member Bank received a report, NPC and/or Member Bank will give the individual the name and address of the agency that furnished it) and (ii) update such information periodically throughout the terms of service of the Merchant Agreement. By providing your SSN and signing this Application, you, in your individual capacity, unconditionally authorize NPC and Member Bank to obtain your consumer credit report.

**SECTION 11 MERCHANT ACKNOWLEDGEMENTS AND SIGNATURE**

Merchant agrees to and accepts the terms and conditions set forth in this Application and the Terms and Conditions which are incorporated herein by reference (**GEN.0123**) as if fully set forth herein (collectively, the "Merchant Agreement") and acknowledges receipt of all parts of the Merchant Agreement. Merchant acknowledges that no handwritten changes have been made to the printed text of the Merchant Agreement and that the parties may produce and rely on a copy or electronically stored image of the Merchant Agreement for all legal purposes. Merchant represents, warrants and certifies to NPC and Member Bank that it has reviewed all pages of this Application, that all information provided herein is true, correct and complete and that NPC and Member Bank may rely on the information contained in this Application, without further investigation, for all purposes. Merchant acknowledges and agrees that NPC and Member Bank are in no way responsible or liable for the actions, inactions, performance or lack of performance of any third party provider or independent sales representative. Merchant represents that it has chosen for itself any services, equipment or third party selected in connection with the Merchant Agreement, and it has not relied on any promises, representations, warranties, or covenants of the independent sales representative, NPC or others. Merchant acknowledges and agrees that the Merchant Agreement shall not be altered by any prior, contemporaneous or subsequent oral representations made by any party. Merchant further authorizes the release of Merchant information in accordance with the provisions of Section 10 of the Terms and Conditions. If Merchant does not want to participate in the American Express Program, the applicable Opt Out Box has been marked.

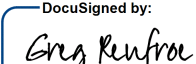
**IN WITNESS WHEREOF** Merchant has caused this Agreement to be executed by its duly authorized representative effective in accordance with the terms of the Terms and Conditions. The Agreement shall be binding upon Merchant upon the earlier of Merchant's execution below or Merchant's first processed electronic transaction.

**MERCHANT**

Digitally signed by Signature (Signature may be evidenced by facsimile) 	Name (please print) SCOTTSDALE CENTER FOR ROBOTIC SURGERY	Date 11/18/2024
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Merchant's Business Name (Legal):SCOTTSDALE CENTER FOR ROBOTIC SU

SECTION 12 EQUIPMENT SETUP		PROVIDER CODE: NPC = NPC to ship equipment SOF = Sales office to ship equipment MER = Merchant owned					
TERMINAL	QTY	PROVIDER CODE	PRINTER	PROVIDER CODE	PIN PAD	PROVIDER CODE	
POS Software or Gateway	1	MER			<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE		
					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE		
					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE		
Other:	Provider Code:	Other:	Provider Code:	Other:	Provider Code:		
<b>EQUIPMENT SOFTWARE INFORMATION</b>	SOFTWARE NAME TSYS (ISSUING PROCESSING)		PUBLISHER TSYS (ISSUING PROCESSING)		VERSION (ALL)		
<b>EQUIPMENT OPTIONS THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW</b>							
<input type="checkbox"/> <b>RETAIL/MOTO</b> AVS <input type="checkbox"/> YES <input type="checkbox"/> NO Last 4-Digits <input type="checkbox"/> YES <input type="checkbox"/> NO CVV 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Purchase Card/Level 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Invoice # Prompt <input type="checkbox"/> YES <input type="checkbox"/> NO PBX Code <input type="checkbox"/> 8 <input type="checkbox"/> 9 Multi-Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO First Merchant MID _____			<input type="checkbox"/> <b>RESTAURANT</b> Auto-Close++ <input type="checkbox"/> YES <input type="checkbox"/> NO TIME _____ Store N Forward <input type="checkbox"/> YES <input type="checkbox"/> NO Pre-Dial <input type="checkbox"/> YES <input type="checkbox"/> NO Cash Back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Debit Cash Back <input type="checkbox"/> 0 Max Amount _____ ++ Auto-Close Time for Alternate Funding needs to be no later than 7:30 p.m. CST			<input type="checkbox"/> <b>CASH ADVANCE</b> <input type="checkbox"/> <b>LODGING</b> FUEL <input type="checkbox"/> YES <input type="checkbox"/> NO <b>PASSWORD</b> All <input type="checkbox"/> YES <input type="checkbox"/> NO Void <input type="checkbox"/> YES <input type="checkbox"/> NO Return <input type="checkbox"/> YES <input type="checkbox"/> NO Settlement <input type="checkbox"/> YES <input type="checkbox"/> NO Other _____	
<input type="checkbox"/> <b>FAST PAY (FPS)</b> <input type="checkbox"/> Both receipts signature line <input type="checkbox"/> Both receipts NO signature line <input type="checkbox"/> NO receipts under \$25.00			Wireless ID:  Comments:				
<b>Custom Header / Footer:</b>							
<b>EQUIPMENT SHIPPING INSTRUCTIONS Required ONLY if ordered through NPC - Default shipping options (indicated by *) will be applied for any option not selected below</b>							
Ship To: <input checked="" type="checkbox"/> Do Not Ship <input type="checkbox"/> Merchant Location * <input type="checkbox"/> ISO Location <input type="checkbox"/> Other				<input type="checkbox"/> 1-3 Day <input type="checkbox"/> Over Night Priority * <input type="checkbox"/> Ground <input type="checkbox"/> Saturday			
Attn:				Payment For Equipment Will Be:			
Address:				<input type="checkbox"/> Lease <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> 30 day (Bill Group)			
City:	State:	Zip:	Phone #:	<input type="checkbox"/> Special Instructions:			
NPC TO REPROGRAM/TRAIN MERCHANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
NPC TO SHIP WELCOME KIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
<b>WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above</b>							
Ship To: <input type="checkbox"/> Merchant Location * <input type="checkbox"/> ISO Location <input type="checkbox"/> Other				Attn: Phone #:			
Address:				City: State: Zip:			
<b>SECTION 13 SITE INSPECTION INFORMATION</b>							
I represent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies):							
<input checked="" type="checkbox"/> I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement.			<b>Business / Inventory / Shipments:</b> Does business appear as represented? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is business open and operating? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is inventory sufficient for business type? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are goods and services delivered at the time of sale? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Goods and services charged to credit card on <input checked="" type="checkbox"/> Order <input type="checkbox"/> Shipment Are good and services delivered <input type="checkbox"/> Digitally <input checked="" type="checkbox"/> Physically <input type="checkbox"/> Both If goods are shipped, is a Fulfillment House used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<input type="checkbox"/> An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed.							
<input type="checkbox"/> I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section.							
<b>If Fulfillment House is used, please complete the following:</b>							
Fulfillment House Name and Address:				Fulfillment House Contact Information:			
Is Fulfillment House PCI DSS Compliant? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				% of shipments by this vendor			
Location Type: <input type="checkbox"/> Retail Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Industrial Building <input type="checkbox"/> Trade Show							
Sales Organization: IMPACT PAYSYSYSTEM LLC		Sales Rep Signature: 		Application Date: 10/22/2024			