



Print Sales Rep Name _____ SalesID# _____

Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

| | | | | | |
|---|----------------------------------|--|---|---|--|
| Client's Business Name (<i>Doing Business As</i>): | | | Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>): | | |
| Business Address: | | | Billing Address (<i>If Different Than Location Address</i>): | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Location Phone #: | Location Fax #: | | Contact Name: | | |
| Business E-mail Address: | | | Contact Fax # / E-mail Address: | | |
| Business Website Address: | | | Contact Phone #: | | |
| Customer Service Ph #: | Customer Service E-mail Address: | | Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location | | |
| | | | Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location | | |
| <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____ | | <input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____ | | <input type="checkbox"/> GOVERNMENT (Federal, State, Local) | |
| <input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____ | | <input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____ | | <input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____ | |
| <input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____ | | <input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____ | | <input type="checkbox"/> PARTNERSHIP State Filed: _____ | |
| Name (<i>as it appears on your income tax return</i>) | | | FEDERAL TAX ID # (<i>as it appears on your income tax return</i>) | | <input type="checkbox"/> I certify that I am a foreign entity / nonresident alien. (<i>If checked, please attach IRS Form W-8.</i>) |

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part III, Section A.4 of your Program Guide for further information.)

| | |
|---------------------------------|---|
| SIC/MCC: _____ | Detailed Explanation of Type of Merchandise, Products or Services Sold: |
| IATA/ARC: _____ (MCC 4722 Only) | |

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

Are you using a Vendor? Yes No If yes, please supply a copy of Vendor's report.

1. Zone: Business District Industrial Residential
2. Location: Mall Office Home Shopping Area
 Mixed Apartment Isolated
 Others: _____
3. How many employees: _____
4. How many registers / Terminals: _____
5. Is proper license visible? Yes
 No, explain: _____
6. Where is the merchant name displayed at the site?
 Window Door Store Front
7. Merchant Occupies: Ground Floor Other: _____
8. # of Floors/Levels: 1 2-4 5-10 11+
9. Remaining Floor(s) Occupied by:
 Residential Commercial Combination
10. Approximate Square Footage:
 0-250 251-500 501-2,000 2,001+
11. Are customers required to leave a deposit?
 No Yes If Yes, % of deposit required: _____%
12. Return Policy: Full Refund Exchange Only None
13. Do you have a refund policy for MC/Visa/Discover/American Express Sales? Yes No
If yes, check one:
 Exchange Store Credit MC/Visa/Discover Credit
If MC/Visa/Discover/American Express Credit, within how many days do you submit credit transactions?
 0-3 4-7 8-14 Over 14
14. Advertising Method (*Attach at least one*):
 Catalog Brochure Direct Mail TV/Radio
 Internet Phone Newspaper/Journals Other
Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.

15. Previous Processor: _____
16. Check Reason For Leaving:
 Rate Service Terminated Other: _____

Mail / Telephone Order / Business to Business / Internet Information
(*All Questions must be Answered*)

1. What % of total sales represent business to business (*vs business to consumer*):
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
2. What % of bankcard sales represent business to business (*vs business to consumer*):
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
3. What is the time frame from transaction to delivery? (*% of orders delivered in*):
0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = **100%**
4. MC/Visa/Discover/American Express sales are deposited (*check one*):
 Date of order Date of delivery
 Other (*specify*): _____
5. Who performs product / service fulfillment? Direct Vendor Other If vendor, add
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Please describe how the transaction works, from order taking to merchant fulfillment
(*attach additional sheet if necessary*): _____
6. Does any of your cardholder billing involve automatic renewals or recurring transactions (*i.e., cardholder authorizes initial sale only*)? Yes No

RA1707_1(ia) **3. COMPANY HISTORY** RA1711_1(ia)

Date Business Started: _____ Prior Bankruptcies? No Yes Business and / or Personal

4. OWNERS / PARTNERS / OFFICERS

Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business.

OWNER / PARTNER / OFFICER 1

Name: (First, MI, Last) _____ % Ownership: _____ Title: _____

Home Address: (No P.O. Box) _____ City: _____ State: _____ Zip: _____ Country: _____

Telephone #: _____ Social Security #: _____ D.O.B.: _____ DL #: _____ State: _____

OWNER / PARTNER / OFFICER 2 **OWNER / PARTNER / OFFICER 3**

Name: (First, MI, Last) _____ % Ownership: _____ Name: (First, MI, Last) _____ % Ownership: _____

Title: _____ Telephone #: _____ Title: _____ Telephone #: _____

Home Address: (No P.O. Box) _____ Home Address: (No P.O. Box) _____

City: _____ State: _____ Zip: _____ Country: _____ City: _____ State: _____ Zip: _____ Country: _____

D.O.B.: _____ Social Security #: _____ D.O.B.: _____ Social Security #: _____

OWNER / PARTNER / OFFICER 4 **OWNER / PARTNER / OFFICER 5**

Name: (First, MI, Last) _____ % Ownership: _____ Name: (First, MI, Last) _____ % Ownership: _____

Title: _____ Telephone #: _____ Title: _____ Telephone #: _____

Home Address: (No P.O. Box) _____ Home Address: (No P.O. Box) _____

City: _____ State: _____ Zip: _____ Country: _____ City: _____ State: _____ Zip: _____ Country: _____

D.O.B.: _____ Social Security #: _____ D.O.B.: _____ Social Security #: _____

5. SETTLEMENT INFORMATION (ATTACH VOIDED CHECK)

Deposit Bank: _____ Bank Contact: _____

Transit / ABA #: _____ Deposit Account #: _____

ACH Detail Flag: Individual Combined Separate (defaults to Combined if option not selected)

6. EQUIPMENT/THIRD PARTY INFORMATION

Network (Front End): Omaha North Nashville Buypass Compass

Do you use any third party processor to store, process or transmit cardholder data? Yes No

If yes, give name/address: _____

INTERNET GATEWAY: RA Payment Gateway Other: _____ Wireless Network: \$ _____

PC/Internet Software _____ Quantity _____ New Rent Existing Other _____

Terminal Model _____ Quantity _____ New Rent Existing Other _____

Printer Model _____ Quantity _____ New Rent Existing Other _____

PIN Pad _____ Quantity _____ New Rent Existing Other _____

Address _____ City _____ State _____ Zip _____ Attention: _____

7. GRID INFORMATION - INTERNAL USE ONLY

AUTHORIZATION GRID ID#: _____ USER DEFINED GRID ID#: _____ MFC GRID ID: _____ 8-pos. Alpha/Numeric

| | | | |
|---|---|---|---|
| MC CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | VISA CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | AMERICAN EXPRESS CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric |
| MC DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | VISA DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | |

| | | | |
|---|---|---|---|
| MC CREDIT MPG ID _____ 8-pos. Alpha/Numeric | VISA CREDIT MPG ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK CREDIT MPG ID _____ 8-pos. Alpha/Numeric | AMERICAN EXPRESS CREDIT MPG ID _____ 8-pos. Alpha/Numeric |
| MC DEBIT MPG ID _____ 8-pos. Alpha/Numeric | VISA DEBIT MPG ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK DEBIT MPG ID _____ 8-pos. Alpha/Numeric | |

| | | |
|---|---|--|
| RA1707_1(ia) | 8. TRANSACTION INFORMATION | RA1711_1(ia) |
| FINANCIAL DATA | | WHERE IS SALE TRANSACTED? <i>(Must = 100%)</i> |
| Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____ | Avg. MC/Visa/Discover Network Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____ | Store Front/Swiped _____% |
| Average YEARLY MC/Visa Volume \$ _____ | Avg. American Express Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____ | Internet _____% |
| Average YEARLY American Express Volume \$ _____ | Highest Ticket Amount \$ _____ | Mail Order _____% |
| Average YEARLY Discover Network Volume \$ _____ | | Telephone Order _____% |
| Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____ | | Total 100% |

9. SERVICE FEE SCHEDULE

| | | |
|--|---|---|
| Authorization Fees | | |
| MC/Visa Authorization Fee: \$ _____ (Per Auth) | Discover Authorization Fee: \$ _____ (Per Auth) | TransArmor Auth Fee \$ _____ (Per Item) |
| <input type="checkbox"/> American Express Bank Acquired or <input type="checkbox"/> American Express Pass Through | | Voice Authorization \$ 2.00 (Per Item) |
| American Express Per Item: \$ _____ (Per Auth) | JCB Authorization: \$ _____ (Per Auth) | Electronic AVS Fee \$ 0.02 (Per Item) |
| Amer. Express ESA/Pass Through SE #: _____ | JCB SE #: _____ | Voice AVS Fee \$ 1.75 (Per Item) |
| <input checked="" type="checkbox"/> American Express Program Fees and Network Fees Pass Through | | ARU Fee \$ 1.00 (Per Item) |
| <input type="checkbox"/> American Express Discount Rate _____% | | |

| | | | |
|--|---|--|--------------------------------|
| Miscellaneous Fees | | | Monthly Fees |
| Chargeback Fee \$ 20.00 (Per Item) | Retrieval Fee (12B Letter) \$ 9.95 (Per Item) | Return Trans. Fee \$ 0.05 (Per Item) | Wireless Fee \$ _____ |
| Sales Transaction Fee \$ _____ (Per Item) | Batch Fee \$ _____ (Per Item) | | eMerchantView |
| EBT - Food Stamps \$ _____ (Per Item) #: | EBT - Cash Benefits \$ _____ (Per Item) | Other: \$ _____ | Access Fee \$ _____ |
| Annual Fee \$ _____ | MC Other Item Rate \$ _____ | Visa Other Item Rate \$ _____ | Amex Other Item Rate \$ _____ |
| Discover Other Item Rate \$ _____ | JCB Other Item Rate \$ _____ | | Customer Service Fee \$ _____ |
| Minimum Monthly Fee \$ _____ | Monthly Statement Fee \$ _____ (Account on File) | Pass Visa ACQ ISA Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Debit Access Fee \$ _____ |
| Pass Visa Trans Integrity Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass MC Proc Integrity Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Voyager Monthly Fee \$ _____ |
| MC License Fee .01 % (Sales Volume) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually in December | | | Regulatory Fee \$ 4.95 |
| Pass Visa Fixed Acquirer Network Fee (FANF) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Visa FANF Card Present Surcharge \$ _____ (Flat Rate) | Visa FANF Card Not Present Surcharge \$ _____ (Flat Rate) | Supplies: _____ |
| Pass Visa Kilobyte Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Visa Kilobyte Fee Surcharge \$.0025 (Flat Rate) | Pass Visa AFD Non Participation Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ |
| Pass Mastercard Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Mastercard Kilobyte Fee Surcharge \$.0035 (Flat Rate) | Pass Mastercard AVS Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Pass Mastercard CVC2 Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mastercard CVC2 Fee Surcharge \$.025 (Flat Rate) | | _____ |
| Pass Visa Acquirer Processing Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass Visa Misuse of Authorization Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass Visa Zero Floor Limit Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Pass MC Acquirer Acquirer Support Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass MC Cross Border Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass MC National Acquirer Brand Usage (NABU) Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Pass Discover Int'l Processing Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pass Discover Data Usage Charge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| Pass STAR Debit Network Annual Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STAR Debit Network Annual Fee Surcharge \$ 6.00 (Flat Rate) | | Annual Fees |
| Pass Pulse Debit Network Annual Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pulse Debit Network Annual Fee Surcharge \$ 6.00 (Flat Rate) | | PCI Annual Fee \$ 99.00 |
| Pass Jeanie Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Jeanie Debit Network Annual Fee Surcharge \$ _____ (Flat Rate) | | |
| Pass Clover & TransArmor Services Fee (per terminal) <input type="checkbox"/> Yes <input type="checkbox"/> No | Clover & TransArmor Services Fee Surcharge \$ _____ (Flat Rate) | | |
| Pass Insightics Solution Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Insightics Solution Fee Surcharge \$ _____ (Flat Rate) | | |

Accept all Mastercard, Visa, Discover Network and American Express Transactions (presumed, unless any selections below are checked)

| | | | |
|--|--|--|---|
| Mastercard | Visa | Discover Network | American Express |
| <input type="checkbox"/> MC Credit Transactions | <input type="checkbox"/> Visa Credit Transactions | <input type="checkbox"/> Discover Network Credit Transactions | <input type="checkbox"/> American Express Credit Transactions |
| <input type="checkbox"/> MC Non-PIN Debit Trans. | <input type="checkbox"/> Visa Non-PIN Debit Trans. | <input type="checkbox"/> Discover Network Non-PIN Debit Trans. | |

See Section 1.9 of the Program Guide for details regarding limited acceptance.

Discount Collected Daily Monthly

| Tiered - Includes Dues and Assessments | | | | | | | | |
|---|----------|-------------|----------------------|----------|-------------|-------------------------------|----------|-------------|
| Discount Fees (Based on Gross Sales Volume) | | | | | | | | |
| | Discount | MPG TXN Fee | | Discount | MPG TXN Fee | | Discount | MPG TXN Fee |
| MC Qual Credit | % | \$ | Visa Qual Credit | % | \$ | Discover Network Qual Credit | % | \$ |
| MC Mid-Qual Credit | % | \$ | Visa Mid-Qual Credit | % | \$ | Disc. Network Mid-Qual Credit | % | \$ |
| MC Non-Qual Credit | % | \$ | Visa Non-Qual Credit | % | \$ | Disc. Network Non-Qual Credit | % | \$ |
| MC Qual Debit | % | \$ | Visa Qual Debit | % | \$ | Discover Network Qual Debit | % | \$ |
| MC Mid-Qual Debit | % | \$ | Visa Mid-Qual Debit | % | \$ | Disc. Network Mid-Qual Debit | % | \$ |
| MC Non-Qual Debit | % | \$ | Visa Non-Qual Debit | % | \$ | Disc. Network Non-Qual Debit | % | \$ |

See Part III, Section A.3 of the Program Guide for Early Termination Fees.

RA1707_1(ia) **9. SERVICE FEE SCHEDULE CON'T** RA1711_1(ia)

ERR - Includes Dues and Assessments

Unless otherwise expressly stated in the MPA, such pricing is based on all transactions qualifying under the Card Organization Rules for the lowest Card Organization interchange rates. For Sales Data that does not qualify, Card Organization interchange fees provide for a "down-grade" and we may apply a higher rate for the non-qualifying transactions that the qualifying rate shows.

| | Discount | | Discount | | Discount |
|----------------|----------|------------------|----------|------------------------------|----------|
| MC Qual Credit | % | Visa Qual Credit | % | Discover Network Qual Credit | % |
| MC Qual Debit | % | Visa Qual Debit | % | Discover Network Qual Debit | % |

■ Pass Through Interchange - Includes Dues and Assessments

| | Discount (Based on Gross Sales Vol.) | | Discount (Based on Gross Sales Vol.) | | Discount (Based on Gross Sales Vol.) |
|----------------|--------------------------------------|------------------|--------------------------------------|------------------------------|--------------------------------------|
| MC Qual Credit | % | Visa Qual Credit | % | Discover Network Qual Credit | % |
| MC Qual Debit | % | Visa Qual Debit | % | Discover Network Qual Debit | % |

PIN Debit

Pass Through Debit Network Fees Other Item Rate \$ _____ (per item) Other Volume Percent _____%

Fleet

WEX Pass Through
 WEX Full Service Qual _____% WEX: Other Item Rate \$ _____ (per item) Voyager: Qual _____% Other Item Rate \$ _____ (per item)

First Data Global Gateway e4 (GGE4)

GGE4 Participation GGE4 Effective Date: _____ GGE4 Monthly Fee \$ _____ (monthly)
 GGE4 Auth Fee \$ _____ (per item) GGE4 AVS Fee \$ _____ (per item)

10. SIGNATURE(S)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide [Version RA1707_1(ia)] and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-9), and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes RA (Rev19 RA, LLC d/b/a Renaissance Associates) and Wells Fargo Bank, N.A. ("Bank") and their Affiliates to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes RA and BANK and their Affiliates (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

Client authorizes RA and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by RA and Bank.

Client's Business Principal/Officer:

Signature **X** _____ Title _____ Signature **X** _____

Print Name of Signer _____ Date _____ Print Name of Signer _____

Signature **X** _____ Title _____ Title _____ Date _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for RA and Wells Fargo Bank, N.A., (the Guaranteed Parties) acceptance of, as applicable, the Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee

Signature **X** _____ Print Name: _____ Date _____

Personal Guarantee

Signature **X** _____ Print Name: _____ Date _____

Accepted By

RA (Rev19 RA, LLC d/b/a Renaissance Associates) **Wells Fargo Bank, N.A., P.O. Box 6079, Concord, CA 94524**

Signature **X** _____ Signature **X** _____

Title _____ Date _____ Title _____ Date _____

PROCESSOR INFORMATION: Name: Rev19 RA, LLC
 Address: 2535 E Southlake Blvd #140, Southlake, TX 76092
 URL: _____ Customer Service #: 1-888-267-5722

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by Mastercard, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
2. **We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 21, 28.7, 31.3, and 33.10 of the Card General Terms.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information".

9. Card Organization Disclosure

Visa and Mastercard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a merchant.
- b) The Bank must be a principal (signer) to the Agreement.
- c) The Bank is responsible for educating merchants on pertinent Visa and Mastercard rules with which merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or Mastercard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization Rules and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- g) You may download "Mastercard Regulations" from Mastercard website at: www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions [version RA1707_1(ia)] consisting of 44 pages [including this Confirmation Page and the applicable Third Party Agreement(s)] found [HERE](#).

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X _____ Title _____ Date _____

Please Print Name of Signer



ADDITIONAL DOCUMENTS

Please provide the following supporting documentation to complete the application process.

ATTACH VALID COPY OF OWNERS DRIVER'S LICENSE: _____

ATTACH A VOIDED CHECK: _____

ATTACH W-9: _____

ATTACH ADDITIONAL SUPPORTING DOCUMENTS: _____

