



420 Boulevard · Suite 206, Mountain Lakes New Jersey 07046

REQUIRED DOCUMENTS FOR PCB CDP APPLICATIONS

REQUIRED DOCUMENTS:

1. Completed Merchant Application
2. Three (3) Months consecutive most recent Processing Statements (all pages, even blank ones) (**Do NOT send list of sales from merchants POS System or gateway**)
3. Three (3) Months consecutive most recent Bank Statements (all pages, even blank ones) if doing over \$50,000 per month or average ticket is over \$300.00. (It must be the actual Bank Statements with Bank Heading)
** Once received bank can come back and ask for additional Bank Statements, Financial Records or any information on any account if they have a concern after reviewing submitted documents)
4. Voided Check with printed name of dba or legal on it (no blank starter checks) or Bank letter (Bank Letter must be on Bank letterhead signed by Bank Officer, Dated and include merchants DBA or Legal name/routing number and account number)
5. Copy of Business License
6. Social Security number is required on all applications
(Exceptions: Public Companies, Government Agencies (public schools, etc) and Non-Profit Organizations)

If merchant refuses to give Social and is a private corporation, then we will need 2 years of very strong financial statements, 6 months of bank statements, 6 months of processing statements and it must be a corporation. Sole Proprietorships must all provide a Social Security number.

7. Driver's License of Signor(s) (in color preferably)

NOT REQUIRED BY HIGHLY RECOMMENDED

1. Pictures of inside and outside of building (outside showing their name)
2. SS4 (IRS Tax ID form showing Federal Tax ID number and Legal Name)

Cash Discount Program - Merchant Services Agreement

This Services Agreement hereinafter referred to as the "Cash Discount Program" is made this day ____ day of _____, 20____, by and between PCBancard LLC ("PCB") a New Jersey company having its principal offices at 420 Boulevard Suite 206 Mountain Lakes, NJ 07046 and its affiliate and: (Business Name) _____ having its place of business at (address) _____

Business Owner Name: _____

WITNESS WHEREOF the parties have executed this Agreement by a duly authorized representative as of the date first set forth above both parties agree: Business Owner desires to participate in PCB Cash Discount Program and WHEREAS, PCB is engaged in the business of installing, operating, servicing, and/or selling Point-of-Sale Terminal products, proprietary electronic interfaces, which facilitate both cash and electronic payment, hereinafter referred to as "Payment Services". Actual payment settlement services shall be provided directly by third party processor vendor TSYS. The purpose of this Agreement is to set forth the terms and conditions under which PCB may establish Business Owner accounts (using the information provided by Business Owner) for payment transactions and pay on behalf of Business Owner specifically card-present base interchange processing costs and per item interchange transaction fees, excluding, but not limited to the following fees: Visa (FANF) Fixed Acquirer Network Fee, MasterCard (MALF) Acquiring Licensing Fee, Visa/MC Credit Acquirer Fees, Chargeback sale amounts, Chargeback-Retrieval fees, Non-Swiped Keyed, Telephone transaction fees, Dues & Assessments, International, Foreign, B2B, and commercial card transaction fees, and any additional ancillary fees which may be imposed. In addition Business Owner agrees to pay _____cents or _____% per Cash Discount transaction billed monthly. Business Owner agrees to not let any person or company (other than PCB) interfere with the operation of the terminal equipment or Payment Services.

1 . PCB Establishment of Services. In the event PCB elects to replace equipment, Business Owner may be required to package defective equipment for a courier service to pick up and Business Owner may be required to pay delivery freight expenses for the equipment replacement. PCB will provide at no charge and Business Owner agrees to install and place public disclosure signage at the point-of-sale in a clear and conspicuous location disclosing the Cash Discount Program. Disclosure signage shall remain visible to the public during the term or any renewal of this agreement. Business Owner agrees to install replacement signage and/or window sticker decals as required by PCB.

2. PCB Product Pricing, Discounts, and Customer Service Fee. As stated on the disclosure signage Business Owner agrees as part of its regular, standard, list (product) pricing that a "Customer Service Charge" will be established and assessed on all sales including cash, checks, credit & debit cards, etc. Business Owner agrees to establish the initial Customer Service Charge amount of _____(% or \$). Through the use of PCB proprietary payment terminal software Business Owner agrees to apply an immediate automatic discount to its customers who choose to pay with cash or check. All individual posted product pricing will be the net price after the discount is applied. In the event the monthly average card sale amount is greater than the initial amount indicated in the Business Owner application documentation then Business Owner agrees to increase the Customer Service Fee as required by PCB or pay the difference as an increase in the Customer Service Charge.

3. PCB Obligations of Retail Client. It is understood that Business Owner has hereby appointed PCB as its exclusive agent to deal with all service providers in matters regarding establishment of services for the term and any renewal periods of this contract including establishing a Business Owner account using all information provided including the transfer of original signatures. For all amounts owed Business Owner authorizes PCB and/or its Bank to initiate ACH debit and credit entries to the Business Owner's checking or savings account as indicated on the Business Owner Processing Application and Agreement. Business Owner may cancel or transfer to another bank this method of billing with ten (10) days prior written notice to PCB. Business Owner agrees - to NOT provide cash back, extra cash, change, or any other form of additional funds which cause the total Cash Discount transaction sale amount to increase in value beyond the initially established average sales ticket amount. Business Owner agrees all fees and or amounts owed under the terms of this Agreement may be collected via ACH electronic bank debit.

4. Term. The term of this Agreement is one (3) year from the date of complete installation of all Equipment for all Locations covered by this Agreement. Unless otherwise notified in writing and said notice has been delivered ten (10) days prior to expiration to PCB at the above listed address by US Certified Mail this Agreement shall automatically renew for continuous one (1) year periods without further notice or action.

5. PCB Cash Discount Program Parameters & Assessments. Business Owner acknowledges it has reviewed and accepts the terms of this agreement. Under the terms of this Services Agreement PCB has the authority on behalf of the Business Owner to complete the Business Owner Processing Application and establish services including the transfer of original signatures to the Business Owner application and other docs. A monthly License & Technology fee of \$ 49.00 will apply to each accounts on file. PCB has the authority to increase or lower the Customer Service Charge or any other fees from time to time as business conditions change. Business Owner agrees to comply with all network card association rules including maintaining PCI-DSS SECURITY compliance. Business Owner is required to utilize PCB for provision of PCI-DSS SECURITY certification; a fee of \$99 yearly ☐ billed in the monthly of _____ per location for PCI compliance will be assessed monthly regardless if Business Owner contracts for PCI with any other provider. If non-compliant a non-compliance fee of \$24.95 per month will be assessed until merchant is PCI compliant. A \$5.95 monthly per location IRS government compliance and \$10 monthly account fee will be assessed. Next day funding fee of \$ 0 will be applied monthly per location. A Business Owner is responsible for reimbursement to PCB for any Charge-Back sale amounts that may occur plus a \$25 Charge-Back Fee per occurrence. A EBT Transaction fee \$ _____ and EBT Access fee \$ _____ will be applied only if Business Owner accepts EBT. (A Merchant Supply Package fee of \$9.95 will be assessed monthly (☐ Yes or No ☐). In the event BusinessOwner does not pay any chargeback sales and/or fees PCB may submit to a third party collection agency for amounts owed. Monthly Gateway fee \$ _____ Gateway Transaction Fee \$ _____ Gateway set up fee \$ _____.

6. Assignments. This Agreement is assignable by PCB without Retail Client's consent. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns.

7. Notice. Any notices required or permitted to be provided by one party to the other pursuant to this Agreement shall be in writing and shall be sufficient and deemed given (i) if by hand delivery, up on receipt thereof, (ii) if mailed, three (3) days after deposit in the mail, postage prepaid, certified mail, return receipt requested, or (iii) if by next day delivery service, upon such service. All notices shall be addressed to the party at the appropriate address first set forth above.

8. Severability. If any provision of this Services Agreement is determined by a court of competent jurisdiction to be invalid or otherwise unenforceable, such determination shall not affect the validity or enforceability of any remaining provisions of this Agreement. If any provision of this Agreement is invalid under any applicable statute or rule of law, it shall be enforced to the maximum extent possible so as to affect the intent of the parties, and the remainder of this Agreement shall continue in full force and effect

9. No Waiver. The failure of either party to exercise any right or remedy provided for herein shall not be deemed a waiver of any right or remedy hereunder. No waiver by any party of any breach of any provisions hereof shall constitute a waiver unless made in writing signed by the party.

10. Headings and References. The captions used in this Agreement are for convenience only and are not to be considered in interpreting this Agreement.

11. Entire Agreement. Each party acknowledges that this Agreement, including any Exhibits annexed hereto, constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes and merges all previous proposals, negotiations, representations, commitments, writings, understandings, agreements, and all other communications, both oral and written, between the parties.

This Agreement may not be modified or altered except by a written instrument executed by a duly authorized representative of each of the parties.

Agent Signature: _____	Business Owner Signature: _____
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Date:

Date:



PCBancard

PCBancard 420 Boulevard Suite 206 Mountain Lakes, NJ 07046

Direct Phone: 973-324-2251 Email: newdeal@pcbancard.com

PCB Download Sheet

MERCHANT		
DBA Name <input type="text"/>		PCB Internal Use
Address: <input type="text"/>		TSYS <input type="checkbox"/>
City: <input type="text"/>		FDO <input type="checkbox"/>
State: <input type="text"/>	Zip: <input type="text"/>	Other <input type="checkbox"/>
Phone: <input type="text"/>		Notes: <input type="text"/>
Co-Agent <input type="text"/>		

TERMINAL or POS	
Terminal Type : <input type="checkbox"/> Z8 Qty: <input type="text"/> <input type="checkbox"/> Z9 Qty: <input type="text"/> <input type="checkbox"/> Z11 Qty: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	
Pin Pad Type: <input type="checkbox"/> Z3 Qty: <input type="text"/> <input type="checkbox"/> Z6 Qty: <input type="text"/> <input type="checkbox"/> Z1 Qty: <input type="text"/>	
<input type="checkbox"/> IP <input type="checkbox"/> Dial <input type="checkbox"/> Wifi <input type="checkbox"/> GPRS <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Diamond	
<input type="checkbox"/> CRD <input type="checkbox"/> CCD <input type="checkbox"/> DCD	
SVC Fee <input type="text"/> % Fee <input type="text"/> Pays CR/DB <input type="checkbox"/> Yes or No <input type="checkbox"/>	
Ancillary Fee <input type="checkbox"/> Yes = Dues & Assessments are passed on to merchant <input type="checkbox"/> No = Dues & Assessments are not passed on to the merchant	
File Build Type: <input type="checkbox"/> Retail <input type="checkbox"/> Auto Close Time: <input type="text"/> AM <input type="checkbox"/> PM <input type="checkbox"/>	
<input type="checkbox"/> Retail w/TIP <input type="checkbox"/> Restaurant <input type="checkbox"/> Servers	
AVS/CVV2 <input type="checkbox"/> AMEX <input type="checkbox"/> EBT <input type="checkbox"/> NDF <input type="checkbox"/>	
Additional Notes:	<input type="text"/>

Purchase PCB Equipment <input type="checkbox"/> Lease Attached <input type="checkbox"/>	
Ship to: <input type="checkbox"/> Merchant <input type="checkbox"/> Agent <input type="checkbox"/> UPS-GRD <input type="checkbox"/> FEDEX-Overnight	
Additional Notes:	<input type="text"/>

Static IP / CGI - CONFIGURATIONS	
CGI Integration <input type="checkbox"/>	
IP1: <input type="text"/>	Gateway: <input type="text"/> Subnet Mask: <input type="text"/>
IP2: <input type="text"/>	DNS1: <input type="text"/> DNS2: <input type="text"/>
IP3: <input type="text"/>	



Equipment Purchase Agreement

Merchant DBA: _____

Address: _____

Phone: _____

I, the undersigned, agree and understand that I will be billed via electronic ACH for this purchase. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor / Date

Terminal Type	Quantity	Price (each)	Total (plus sales tax)
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_____	_____	\$ _____	\$ _____
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All accounts will be charged \$5.00 monthly fee per terminal

Printed Name of Authorized Signor

Equipment Rental Agreement

Be it known, that for good consideration the undersigned parties make the following additions or changes a part of said Merchant Service Processing Contract as if contained therein:

I. Merchant agrees that the Equipment is the property of PCB, is being licensed to Merchant, and must be returned in good and working condition within ten (10) days of the expiration of the Merchant Processing Agreement with PCB which is three (3) years from initial date of Contract unless Merchant continues to process with PCB after expiration day of Contract, thereafter terminal must be returned in good and working condition with ten (10) days of cancellation. If equipment is not returned within ten (10) days Merchant agrees to pay the equipment value of (\$895.00) for each terminal. In addition, merchant agrees to be responsible for any damage to the equipment as a result of misuse or negligence. PCBancard reserves the right to replace the above models with comparable models and to add or discontinue models.

II. Merchant agrees to indemnify and hold PCBancard harmless from and against any and all liabilities, losses, claims, damages, disputes, offsets, claims or counter claims of any kind in any way related to the use (or misuse) of the Equipment. Merchant understands that PCBancard agrees to free overnight delivery of replacement Equipment, fully programmed and ready to use, up to but not exceeding once the first year, and that each additional incident will incur a fee of \$109.00. INDIVIDUAL GUARANTY (NO TITLES) I/we hereby guarantee to PCBancard, their successors and assigns, the full prompt and complete performance of Merchant and all Merchant's obligations under this agreement, including, but not limited to, all monetary obligations arising out of Merchants performance or nonperformance under this agreement, whether arising before or after termination of this agreement. The undersigned, by signing below, agrees to be bound by the Agreement and this Guaranty. Further, Merchant understands and agrees that all charged incurred under this agreement will be debited via ACH from the merchant's checking account on file and Merchant hereby gives permission to PCBancard to initiate ACH for this purpose.

SERIAL NUMBER _____

Except as herein otherwise expressly provided, the Merchant Agreement, as heretofore, shall remain in full force and effect.

Terminal Type	Quantity	Monthly Rental Price (each)	Total Monthly Rental
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_____	_____	\$19.95	\$ _____
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All accounts will be charged \$5.00 monthly fee per terminal

Personal Guarantor Signature

Date

Print Name

Owner/Officer Signature

Date

Account Executive Signature

Rep #



MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship _____ Association _____
Sales Rep Name _____ Application Date _____

1. GENERAL INFORMATION		2. BUSINESS LOCATION INFORMATION		3. BUSINESS STRUCTURE	
Client's Business Name (Doing Business As)		Client's Corporate/Legal Name (Must match IRS income tax filing)			
Location Address		Corporate Address (If Different Than Location)			
City	State	Zip	City	State	Zip
Location Phone		Location Fax		Contact Name	
Customer Service Phone		Prior Security Breach? Yes No		Contact Phone	
Business Website Address		Business Email		D&B#	
Multiple locations? Yes No If Yes, enter # of locations		Fed Tax ID # (Must match IRS income tax filing)		Tax Type	
Additional location to existing MID		Tax Filing Name			
Send retrieval/chargeback requests to Corporate Address Location Address		Date Business Started		Length Current Ownership	
Send monthly merchant statements to Corporate Address Location Address Do Not Mail					
Sole Prop Partnership LLC/LLP C Corp S Corp Govt. (Local/State/Federal) 501c/Tax Ex. State Filing:					
I certify that I am a foreign entity / nonresident alien. (If checked, please attach IRS Form W-8.)			NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.3 of your Program Guide for further information.)		
4. OWNERS/PARTNERS/OFFICERS			5. TRADE REFERENCE		
OWNER/PARTNER/OFFICER 1		OWNER/PARTNER/OFFICER 2		TRADE REFERENCE	
Name		Name		Business Name	
Title % Ownership		Title % Ownership		Business Address	
Home Address		Home Address		City State Zip	
City State Zip		City State Zip		Contact	
Telephone DL/ID# Issued State Exp Date		Telephone DL/ID# Issued State Exp Date		Telephone	
Social Security # Date of Birth		Social Security # Date of Birth		Prior Bankruptcies? Yes No Business and/or Personal Date Discharged	
Email Address		Email Address			
Patriot Act Notice: To fight the funding of terrorism and money laundering, we are required to obtain, verify and record information that identifies each person (including business entities) who opens an account. To allow us to identify you, we will ask for your name, physical address, date of birth and tax payer ID and may ask for other information, such as your driver's license or other documents.					
6. NATURE OF BUSINESS			7. TRANSACTION INFORMATION (see Section 9 American Express)		
Business Type: Retail Restaurant Internet Government Lodging Supermarket Mail/Telephone Order Petroleum Utilities Healthcare Education QSR Charity/Non Profit B2B Other					
Requested Monthly Payment Card Volume		Card Present Swiped		Sales to Consumers	
Requested Average Payment Card Ticket		Card Present Not Swiped		Sales to Business	
Requested Highest Payment Card Ticket		MOTO		Sales to Govt.	
Seasonal Merchant? Yes No (circle open months if yes) J F M A M J J A S O N D		Internet (Ecommerce)		Days to Delivery	
		Previous Processor			
		Reason For Leaving			
Description of products or services sold					
Describe your return policy					
8. BANKING ACCOUNT INFORMATION					
Deposit Bank Name		Routing#	Account#	ACH Method:	
Fees Bank Name		Routing#	Account#	Combined Individual	

Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)

____ Visa Credit ____ Visa Non-PIN Debit ____ MasterCard Credit ____ MasterCard Non-PIN Debit ____ Discover Network ____ American Express ____ PIN Debit

Select VI/MC/Discover Network Discount Plan: (Based on Gross Sales Volume)

____ Tiered Basic ____ Flat Rate

____ Pass Through I/C

Select PinDebit Discount Plan:

____ Pin Debit Network Fee Pass-through + ____ % Markup

Discount Payment Method: ____ Daily ____ Monthly

Assessments: ____ Included ____ Bill Separately
(If Pass Through I/C - Assessments **MUST** Bill Separately)

Brand Fees: ____ Included ____ Bill Separately
(If Pass Through I/C - Brand Fees **MUST** Bill Separately)

Discount Fees

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
MasterCard			Visa			Discover Network		
Credit Qual			Credit Qual			Credit Qual		
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
CheckCard Qual			CheckCard Qual			CheckCard Qual		
CheckCard Mid-Qual			CheckCard Mid-Qual			CheckCard Mid-Qual		
CheckCard Non-Qual			CheckCard Non-Qual			CheckCard Non-Qual		
Credit Pass Through IC			Credit Pass Through IC			Credit Pass Through IC		
CheckCard Pass Through IC			CheckCard Pass Through IC			CheckCard Pass Through IC		
ERR			ERR			ERR		

Voyager

All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.

American Express

OptBlueSM

Amex Direct

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	OptBlue SM	____ Order New ____ Use Existing
Credit Qual			Monthly Card Volume ____	CAP # ____
Credit Mid-Qual			OptBlue SM	Existing SE # ____
Credit Non-Qual			Average Card Ticket ____	Monthly flat fee of \$7.95 or Discount Rate may apply
Credit Pass Through IC			OptBlue SM	
ERR			Highest Card Ticket ____	
			SE # ____	
			Select OptBlue SM Discount Plan:	
			____ Tiered Basic ____ Flat Rate	
			____ Pass Through I/C	
			Enhanced Recover Reduction (ERR)	

Fee applies to all American Express Programs.

**0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards.

An inbound fee of 0.40% will be applied on any Charge made using a Card, including Prepaid Cards, that was issued outside the United States (as used herein, the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions). This fee is applicable to all industries listed in Appendix B, except Education in the following categories: Sporting & Recreation Camps (MCC 7032), Elementary & Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).

☐ By checking this box, you opt out of receiving future commercial marketing communications from American Express.

Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Authorization Fees

Monthly Fees

Visa/MC/Discover Network	____ Electronic AVS	____	Monthly Minimum	____	Industry Compliance	____
Amex/Fleet/Other	____ Voice Authorization	____	Wireless Fee	____	Monthly Service Fee	____
Pin Debit Authorization	____ Voice AVS	____	PIN Debit Fee	____	Misc Monthly Fee	____
EBT Authorization	____		Industry Non-Compliance (up to \$39.95)	____	(If applicable per Section 4.8 of the Merchant Program Guide)	

Miscellaneous Fees

MX Merchant Fees

Sales Transaction Fee (All card types)	____ (per item)	Chargeback Fee	____ (per occurrence)	MX Merchant Monthly Fee	
Retrieval Fee (All card types)	____ (per occurrence)	Return Transaction Fee	____ (per item)	MX Merchant Plan	____ Reporting ____ Basic ____ Plus
Batch Fee	____ (per item)	Annual Fee	____	MX Gateway Transaction Fee	____ Premium ____ Enterprise
ACH Reject	____ (per occurrence)	Annual Fee Bill Month	____	Bill to	____ Statement ____ Separate

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a ____ early termination fee in accordance with Part III, Section A.3 of the Merchant Program Guide.

10. OTHER CARD TYPES

Accept EBT	___ Yes ___ No	Order Voyager	___ Yes ___ No	Order ACH/Check Services	___ Yes ___ No
Accept EBT Cash Benefit	___ Yes ___ No	Order Wright Express	___ Yes ___ No	(Must attach addendum with app copy)	
		(Must attach Wright Express application and Debranding letter with app copy)		Order Gift Card	Yes No
				(Must attach addendum with app copy)	

11a. EQUIPMENT / PROCESSING METHOD

Application Type	Retail	<input type="checkbox"/> Retail w/ Tip	<input type="checkbox"/> MOTO	<input type="checkbox"/> Restaurant w/ Tip	<input type="checkbox"/> Quick Serve Restaurant (no tip)	<input type="checkbox"/> Hotel	<input type="checkbox"/> Auto Rental	<input type="checkbox"/>
Terminal Features	Yes	No	Yes	No	Yes	No		
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card	<input type="checkbox"/>	Invoice/Purchase Order #	<input type="checkbox"/>	<input type="checkbox"/>	
AVS + CVV2	<input type="checkbox"/>	<input type="checkbox"/>	Server/Clerk #	<input type="checkbox"/>	Auto Close	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, time?	
IP Connection? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Terminal Serial _____ Special Requests (Multi-Mid, Dial 9, etc): _____ Wireless? Yes <input type="checkbox"/> No <input type="checkbox"/> Wireless Info: MAN/Serial _____ SIM Card Number _____								
TYPE OF EQUIPMENT			PRODUCT NAME	QUANTITY	DEPLOYMENT			
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR* <input type="checkbox"/>		Existing	<input type="checkbox"/> Agent	<input type="checkbox"/> New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR* <input type="checkbox"/>		Existing	<input type="checkbox"/> Agent	<input type="checkbox"/> New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR* <input type="checkbox"/>		Existing	<input type="checkbox"/> Agent	<input type="checkbox"/> New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR* <input type="checkbox"/>		Existing	<input type="checkbox"/> Agent	<input type="checkbox"/> New Order (attach order form)	<input type="checkbox"/>

*Manufacturer/product/version of PC/Internet Software _____

Do you use any third party to store, process, or transmit cardholder data? _____

___ Yes ___ No

If yes, give name/address: _____

ORDER LEASE _____ Lease Company _____ Lease Term _____ Mos. _____ Annual Tax Handling Fee \$10.20

Total Monthly Lease Charge _____ w/o taxes, lates fees, or other charges that may apply - See Lease Agreement for details.

This is a NON-CANCELLABLE lease for the full term indicated

Client's initials: _____

11b. CARD NOT PRESENT INFORMATION

If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.

1. Please submit your Product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with card holder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.

2. If Internet, please check your type of business:

___ Web Hosting ___ Domain Registration ___ Web page Design ___ Auction ___ Internet Service Gateway

___ Selling Digital Service ___ Advertisement ___ Selling Hard Goods ___ Other: _____

If using the Internet, list encryption method, vendor, and controls used to secure transaction information

3. How will the product be advertised or promoted? _____

4. Billing Methods: (Check all that apply)

___ Monthly - _____% ___ Yearly - _____% ___ Quarterly - _____% ___ One Time - _____% ___ Hourly - _____%

5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased.

6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor Name, address and phone number in full:

7. Please describe how a sale takes place from beginning of order until completion of fulfillment:

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed) _____

Signature X _____

13. SIGNATURES

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 #118911v1) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) 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 Client 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 7, Transaction Information section and Section 9, American Express above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and SYNOVUS Bank ("BANK") and their respective agents 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 names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (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 also 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. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the 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.

Social Security numbers are classified as "Confidential" information under the PRIORITY Data Classification Retention and Disposal Policy. As such, Social Security numbers may only be accessed by and disclosed to PRIORITY team members and others with a legitimate business "need to know" in accordance with applicable laws and regulations. Social Security numbers, whether in paper or electronic form, are subject to physical, electronic and procedural safeguards, and must be stored, transmitted and disposed of in accordance with the provision of the information applicable to Confidential information. These restrictions apply to all Social Security numbers collected or retained by PRIORITY.

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 PRIORITY and BANK.

Client's Business Principal / Officer

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for PRIORITY and Synovus Bank (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease 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

Priority Payment Systems, LLC
P.O. BOX 246, Alpharetta, GA 30009-0246

Synovus Bank
1111 Bay Ave, Columbus, GA 31901

Signature X _____

Signature X _____

Part I: Confirmation Page

PROCESSOR Name: Priority Payment Systems
 INFORMATION: Address: P.O. Box 246, Alpharetta, GA30009-0246
 URL: https://www.pps.io/programguide/ Customer Service#: 1-855-813-5293

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 and/or Processor. 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 and Visa. 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** 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 of the Card Processing 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, Events of Default Section 24 and, Reserve Account; Security Interest 25), 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 early, you will be responsible for the payment of an early termination fee as set forth in Part III, Section A.3 of the Merchant Program Guide.
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**
10. **For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-855-813-5293, and / or refer to Important Phone Numbers on the Additional Important Information Page, Part III, Section A.4.**
11. **Card Organization Disclosure**

Visa and MasterCard Member Bank Information: Synovus Bank

The Bank's mailing address is 1111 Bay Avenue, Columbus, Georgia 31901, and its phone number is (706) 649-4900.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant 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 reserves that are derived from settlement.

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.
- e) Retain assigned 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's website at: <https://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 (either in person, by facsimile, or by electronic transmission) the complete Program Guide [Version #118911v1] consisting of 46 pages (including this confirmation)

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

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

<https://www.pps.io/programguide/>

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X _____

Please Print Name of Signer

Title

Date

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Priority Payment System's privacy policy can be found at www.prioritypaymentsystems.com.

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): _____

Merchant Legal Name: _____ Merchant Federal Tax ID (as it appears on income tax return): _____ Merchant State of formation/Incorporation: _____
Merchant Address: _____ Merchant Entity Type: _____

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
<input type="checkbox"/> Control Prong (and/or <input type="checkbox"/> additional Beneficial Owner) Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):		
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date

* For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance.
± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Authorized Signer Signature _____ Date Signed _____ Authorized Signer Printed Name _____ Processor's Rep. Signature _____ Date Signed _____ Processor's Rep. Printed Name _____