

**First Data Credit/Debit Card**

Please complete all fields to avoid delays in processing

Sales Office:		Rep Name:		Rep Signature:	
<b>Front End (check one)</b>					
<input type="checkbox"/> First Data Omaha <input type="checkbox"/> First Data North <input type="checkbox"/> First Data Buypass <input type="checkbox"/> First Data Nashville <input type="checkbox"/> Other: _____					
<b>Merchant Profile</b>					
MERCHANT Legal Name (Must match social security or federal tax ID records)			Location Name (DBA)		No. of Locations
MERCHANT Legal Address			Location Street Address (No PO Box)		
City		State	Zip		
City		State	Zip		
Corporate Phone ( )		Fax ( )		DBA Phone ( )	
Corporate Phone ( )		Fax ( )		DBA Phone ( )	
Contact Name this Address			E-mail		
Contact Name this Address			E-mail		
Customer Service Number			Customer Service E-mail		
Legal Name as it appears MERCHANT's tax return			Federal Tax ID#		<input type="checkbox"/> I certify that I am a foreign entity/non resident alien.
<small>NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (Refer to the ECS Program Guide Part IV Section A.4 for further information)</small>					
Ownership Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC  <input type="checkbox"/> Tax-Exempt (501c) <input type="checkbox"/> Government <input type="checkbox"/> Professional Assn. <input type="checkbox"/> Other			MERCHANT Website		
Date Business Established			Current Ownership (Yrs)		
Date Business Established			SIC/MCC		IATA/ARC (MCC 4722 Only)
Market Type			Detailed List of Merchandise/Service Sold		
<input type="checkbox"/> Retail	<input type="checkbox"/> Super Market	<input type="checkbox"/> P-Card	<input type="checkbox"/> E-Commerce		
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Emerging Market	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Cash Adv		
<input type="checkbox"/> Lodging	<input type="checkbox"/> Auto Rental	<input type="checkbox"/> MO/TO	<input type="checkbox"/> Other		
Does the Business have a valid state-issued regulatory or business license?			Has an Owner/Partner/Officer ever been convicted of or been investigated for violation of a felony under state, federal, or foreign law? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes State(s) _____ License#(s) _____ (Provide copy) <input type="checkbox"/> No <input type="checkbox"/> N/A			Has the Business or Owner/Partner/Officer ever declared bankruptcy or been subject to a receivership action within the last 10 years? If yes, please explain. (i.e., Chapter, date of discharge)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Business or Owner/Partner/Officer party to any claims or lawsuits? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			Has an Owner/Partner/Officer ever been subject to an enforcement action by or entered into a consent agreement with a state or Federal agency for violating the Bank Secrecy Act or other anti-money-laundering statute. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Owner/Officer Information</b>			<b>Not Applicable</b>		
Owner/Officer 1 Name		Title		Email Address	
Owner/Officer 1 Name		Title		Equity/Ownership _____%	
Home Street Address		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Home Street Address		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Former Address (if less than 1 year at current address)		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Former Address (if less than 1 year at current address)		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Home Phone #	Cell Phone #	Date of Birth	Driver's License # State    Exp. Date	Social Security Number	
Home Phone #	Cell Phone #	Date of Birth	Driver's License # State    Exp. Date	Social Security Number	
Owner/Officer 2 Name		Title		Email Address	
Owner/Officer 2 Name		Title		Equity/Ownership _____%	
Home Street Address		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Home Street Address		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Former Address (if less than 1 year at current address)		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Former Address (if less than 1 year at current address)		City/State/Zip		Years at this Address <input type="checkbox"/> Own Yrs: <input type="checkbox"/> Rent Yrs:	
Home Phone #	Cell Phone #	Date of Birth	Driver's License # State    Exp. Date	Social Security Number	
Home Phone #	Cell Phone #	Date of Birth	Driver's License # State    Exp. Date	Social Security Number	

**References Not Applicable**

Merchant's Bank: Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade Reference 1: Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Vendor Acct # \_\_\_\_\_

Trade Reference 2: Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Vendor Acct # \_\_\_\_\_

**Merchant Site Survey Report - Sales Representative must complete this report**

1. Surrounding zone?  Business District  Industrial  Residential

2. Location type?  Mall  Store Front  Shopping Center  Office  Industrial  Home  Apartment  Mixed  Isolated  Trade Show  Flea Market  Door-to-Door  
 Other \_\_\_\_\_

3. Where is Merchant's name displayed at site?  Window  Door  Store Front

4. How many employees? \_\_\_\_\_

5. How many register/terminals? \_\_\_\_\_

6. Is a proper license visible?  Yes  No, explain \_\_\_\_\_

7. Merchant Occupies?  Ground Floor  Other \_\_\_\_\_

8. Number of Floors/Levels?  1  2-4  5-10  11+  None

9. Remaining floors occupied by?  Residential  Commercial  Combination

10. Approximate square footage?  0-250  251-500  501-2,000  2001 +

Business appears as represented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Further Comments by Representative (must complete):
Business is open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases the business premises. # OF YEARS: _____	Does the amount of inventory and merchandise on shelves and floor appear consistent with type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
Does Merchant use a fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was the fulfillment house inspected <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby verify that this application has been reviewed and executed by MERCHANT and that I physically inspected the business premises of the MERCHANT at this address and the information stated above is true and correct to the best of my knowledge and belief. IN WITNESS WHEREOF the undersigned verifies and has inspected:

Representative's Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Cardholder Data Storage Compliance & Service Provider**

PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system pass, transmit, store or receive full cardholder's data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you (merchant) must validate PCI DSS compliance (see 1(b) below and questions 3 and 4 must be completed). If you use a payment gateway, they must be PCI DSS compliant.

1. Have you ever experienced an Account Data Compromise "ADC"?  Yes  No If yes, provide date of compromise? \_\_\_\_\_

a) Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance?  Yes  No If yes, go to 1(b); If no, go to #2

b) Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? Date: \_\_\_\_\_

c) What is the name of your Qualified Security Assess ("QSA") Or, Self Assessment Questionnaire ("SAQ")? Name: \_\_\_\_\_  
Or check "SAQ"  A  B  C  D

d) Date of last scan? Date: \_\_\_\_\_  
Approved Scanning Vendor's name? Name: \_\_\_\_\_

2. Are you using a "dial-up" terminal or "TTC" Touch Tone Capture?  Yes  No

3. Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Number "FCN", electronically?  Yes  No If yes, where is card data stored?  Merchant's location only  
 Merchant's Headquarters/Corp office only  Primary Service Provider  
 Both Merchant and Service Provider(s)  Other Service Provider  All Apply

4. What Primary Service Provider/Software Developer did you purchase your point of sale "POS" application from (ie software, gateway)? Name: \_\_\_\_\_

a) What is the name of the Service Provider/Software Developer's application? Name: \_\_\_\_\_  
Software Version #? Number: \_\_\_\_\_

b) Do your transactions process through any other Service Provider (ie web hosting companies, gateways, corporate office)?  Yes  No  
If yes, name the other Service Provider: \_\_\_\_\_

**Additional Credit/Site Survey Information from All Merchants**

Site	
1. Are customers required to leave a deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, percent of deposit required: _____ %
2. Return Policy?	<input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None
3. Do you have a refund policy for MC/Visa/Discover® Network/American Express OnePoint Sales? Within how many days do you submit credit transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/ Visa /Discover Network/American Express OnePoint Credit. <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14
4. Advertising Method (Attach at least one)?	<input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i>
5. Previous Processor? Reason For Leaving?	Name: _____ <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other:

**Additional Credit/Site Survey Information from All Merchants (continued)**

**Mail / Telephone Order / Business to Business / Internet Information**

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

**Transaction Information and Set Up**

Financial Data	Where are sales transacted? (must = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ _____	Store Front/Swiped _____ %
Average YEARLY MC/Visa/Discover Network/American Express OnePoint Volume	\$ _____	Internet _____ %
Average MC/Visa/Discover Network/American Express OnePoint Ticket (Estimate If Never Processed in Past)	\$ _____	Mail Order _____ %
Highest Ticket Amount	\$ _____	Telephone Order _____ %
Seasonal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total 100%
List High Volume Months Open:		
Process Method: <input type="checkbox"/> EDC <input type="checkbox"/> Touchtone	# of TID's: _____	Cash Back: <input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Close: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, time: _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	Dial Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tip Line: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Imprinter: <input type="checkbox"/> Own <input type="checkbox"/> Purchase	

**Lease Information      Not Applicable**

Lease Company: (04) First Data Global Leasing. Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: \$10.20  
 Total Monthly Lease Charge: \$ \_\_\_\_\_ w/o taxes, late fee, or other charges that may apply - See Lease Agreement in Program Guide for details.  
**This is a non-cancelable lease for the full term indicated.**

**American Express**

Select one:  
 American Express OnePoint/Full Service (EDC)  
 American Express ESA/Pass Through \*  
 \*American Express Monthly Flat Fee or Discount Rate may apply.

American Express Authorization	\$ _____ /item	American Express Monthly Fee	\$ 0
American Express Discount Rate	_____ %	Flat Per Transaction Fee	\$ _____
American Express Prepaid Discount Rate	_____ %	Flat Per Transaction Fee	\$ _____

ESA/Pass Through SE# \_\_\_\_\_

American Express OnePoint:	Rate	Per Item	Rate	Rate
Retail **			Fast Food Restaurant	Lodging
Restaurant**			Mail Order & Internet	Telecommunications
Prepaid Card			Supermarkets	Education
B2B			Other Transportation	Independent Gas Station
Services, Wholesale & All Other			Healthcare-Office Based Doctor/Dentist	Telecommunications-Cable/Computer Network
Travel Agencies/Tour Operators **			**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 Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards. This fee applies to both OnePoint and ESA.	

\*\*An inbound fee of .40% will be applied to 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.

**Not Applicable      Fee Schedule      Not Applicable**

Do you accept all MasterCard, Visa and Discover network transactions? (Unless you select boxes below, ECS will assume you accept all)

MasterCard Acceptance	Visa Acceptance	Discover Network Acceptance
<input type="checkbox"/> Accept MC Credit transactions only	<input type="checkbox"/> Accept Visa Credit transactions only	<input type="checkbox"/> Accept Discover Network Credit transactions only
<input type="checkbox"/> Accept MC Non-PIN Debit transactions only	<input type="checkbox"/> Accept Visa Non-PIN Debit transactions only	<input type="checkbox"/> Accept Discover Network Non-PIN Debit transactions only

See Section 1.9 of the Program Guide for details regarding limited acceptance. Discount Collected?  Daily     Monthly

**Three Available Plans (Select Only One)      Not Applicable      Please note that discount fees are based on Gross Sales Volume, except the "Other Volume Percent" is based on Net Volume**

<input type="checkbox"/> Tiered												
	Discount	Trans. Fee		Discount	Trans. Fee		Discount	Trans. Fee		Discount	Trans. Fee	
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Qual Credit	%	\$				
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Discover Mid-Qual Credit	%	\$				
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Discover Non-Qual Credit	%	\$				
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$							
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$							
MC Worldcard Non-Qual	%	\$										
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Qual Debit	%	\$				
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Discover Mid-Qual Debit	%	\$				
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Discover Non-Qual Debit	%	\$				
<input type="checkbox"/> ERR	Or Select											
	Discount	Non-Qual Fee		Discount	Non-Qual Fee		Discount	Non-Qual Fee		Discount	Non-Qual Fee	
MC Qual Credit	%		Visa Qual Credit	%		Discover Qual Credit	%					
MC Qual Debit	%		Visa Qual Debit	%		Discover Qual Debit	%					

Three Available Plans (Select Only One) continued Please note that discount fees are based on Gross Sales Volume, except the "Other Volume Percent" is based on Net Volume

<input type="checkbox"/> Pass Through Interchange (includes dues and assessments)		Or Select			
	Discount		Discount		Discount
MC Qual Credit	%	Visa Qual Credit	%	Discover Qual Credit	%
MC Qual Debit	%	Visa Qual Debit	%	Discover Qual Debit	%
Other Item Rate	\$ /item	Other Volume Percent (Percent of Net Volume)			%

**Authorization, Capture and Service Fees**

Miscellaneous					
Dues and Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC, Visa, Discover, American Express Auth Fee	\$ /item	Batch Fee	\$ /item
Chargeback Fee	\$ /item	Voice Authorization	\$ /item	Online Access	\$ /month
Retrieval Fee (12B Letter)	\$ /item	Electronic AVS Fee	\$ /item	Reg Compliance	\$ 0 /month
Return Trans. Fee	\$ /item	Voice AVS Fee	\$ /item	Gold Package	\$ /month
Sales Trans. Fee	\$ /item	ARU Fee	\$ /item	PCI Monthly Fee	\$ 0 /month
Help Desk	\$ /per call	One time set up fee	\$	Annual Fee	\$
Statement Fee	\$ /monthly	Minimum Monthly Fee	\$ /monthly	Other:	\$ /month
Pass Visa ACQ ISA Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Acquirer Processing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pass Visa Misuse of Auth Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Intl Acquirer Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pass MC Acquirer Support Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Early Termination (Refer to Part IV Section A.3 of the Program Guide)		Pass MC Natl Acquirer Brand Usage (NABU) Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No

PIN Debit			
Pass Through Debit Network Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Access	\$ /month
Other Item Rate	\$ /item	Other Volume Percent Per Item	%

Virtual Terminal			
Set Up Fee (one time fee)	\$	Gateway Monthly Access Fee	\$ /month
		Authorization Fee	\$ /item

Wireless Fee Schedule			
Wireless Activation Fee	\$	Wireless Service Fee (Monthly)	\$
		Wireless Transaction Fee	\$

<input type="checkbox"/> Wireless Terminal Type _____	<input type="checkbox"/> Smart Phone Type _____
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Fleet			
Wright Express	Other Item Rate	\$ /item	Voyager
			Other Item Rate
		\$ /item	Voyager
			Qual
			%

TeleCheck							
<input type="checkbox"/> Split Dial	<input type="checkbox"/> License #	<input type="checkbox"/> MICR	<input type="checkbox"/> ECA Warranty	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Hold Check	<input type="checkbox"/> Paper Warranty	<input type="checkbox"/> C.O.D.
SE# _____	TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No						
Inquiry Rate _____%	December Risk Surcharge .10%	Per TXN Fee \$ _____	Monthly Minimum Fee (per location) \$25.00				
ACH Processing Fee \$5.00	Client Requested Operator Call (CROC) \$2.50	ECA Chargeback Fee (Only charged when entitled with TeleCheck) \$5.00					
Stmt/Processing Fee \$5.00	See agreement for definitions, warranty requirements, and any additional fees.						

Food Stamps # _____		Cash Benefits # _____	
Food Stamps (per item)	\$	Cash Benefits (per item)	\$
Other	\$	Pass ACQ ISA Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Telecheck ACH Authorization Not Applicable**

**ACH Debit and Credit Authorizations:** Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after revoked in writing.

Authorized Signature on TeleCheck Account for ACH \_\_\_\_\_ Name (printed) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee Not Applicable**

US Alliance Group, Inc doing business as Electronic Cash Systems (ECS), Wells Fargo Bank, N.A., American Express, and TeleCheck, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or TeleCheck/TRS Services Agreement, and/or the American Express Card Acceptance 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.

X \_\_\_\_\_ Personal Guarantee Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Personal Guarantee Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

<b>Bank Information (Attach Voided Check or Bank Letter)</b>			
Routing Number	DDA/Checking Account #	Routing Number	DDA/Checking Account #
<b>Bank 1:</b>		<b>Bank 2:</b>	
Include a pre-printed voided check with purpose of account clearly marked on check			
(office use only) Authorization Grid ID#		(office use only) User Defined Grid ID#	
<b>Merchant Acceptance of Credit/Debit Card Processing Program</b>			
<p>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 ECS1704(ia)] and Confirmation Page, which is part of this Merchant Processing Application 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 the Transaction Information and Set Up section 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, TeleCheck Services Agreement, and the American Express Card Acceptance 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 and/or "You" and "Your" for the purpose of the TeleCheck Services Agreement and American Express Card Acceptance Agreement.</p> <p>By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank reference, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.</p> <p>As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of the information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.</p> <p>By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Electronic Cash Systems (ECS) and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct ECS and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <a href="http://www.americanexpress.com/privacy">http://www.americanexpress.com/privacy</a> to learn more about how AXP protects your privacy and how AXP uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200.</p> <p>I understand that upon AXP's approval of the Application, the entity will be provided with the Agreement and materials welcoming it, either to AXP's program for ECS to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the ECS servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.</p> <p>Client authorizes ECS 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.</p> <p>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 se, 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).</p> <p><b>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 ECS and Bank.</b></p>			
<b>Client's Business Principal Officer:</b>			
Signature	Name (printed)	Title	Date
Signature	Name (printed)	Title	Date
<b>Accepted By US Alliance Group, Inc. dba Electronic Cash Systems (ECS):</b>			
Signature	Name (printed)	Title	Date
<b>Accepted By Wells Fargo Bank, N.A., 1200 Montego, Walnut Creek, CA 94598</b>			
Signature	Name (printed)	Title	Date

**PROCESSOR INFORMATION:** Name: Electronic Cash Systems  
 Address: 27422 Portola Parkway, Suite 110, Foothill Ranch, CA 92610  
 URL: \_\_\_\_\_ Customer Service #: 1-888-327-2860

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 or the contents of your Agreement with TeleCheck. 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 18 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 or see the applicable provisions of the TeleCheck Services Agreement.
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 or within 30 days of the date of a TeleCheck transaction.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20, 27.7, 30.3, and 32.10 of the Card General Terms; or Section 1.14 of the TeleCheck Services Agreement.
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 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.6), 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" and Section 1 of the TeleCheck Services Agreement.
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. Card Organization Disclosure

##### Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

##### 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 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 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: [http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>

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 ECS1704(ia)] consisting of 46 pages [including this Confirmation Page and the applicable Third Party Agreements(s)].

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 \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**Name (as shown on your income tax return)**

**Business name/disregarded entity name, if different from above**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_

**Address (number, street, and apt. or suite no.)**      **Requester's name and address (optional)**

**City, state, and ZIP code**

**List account number(s) here (optional)**

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>								
				-				

<b>Employer identification number</b>								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.