



TELECHECK SERVICE APPLICATION and AGREEMENT

| | | | | | | | |
|----------------------------|-------------|-------------------------|------------------------------|------------------------|------------|---------------|------------------|
| VISA/MC MID # _____ | | Location _____ of _____ | | Data Entry Only | Area _____ | Group # _____ | Parent ID# _____ |
| SIC Code | Description | Assoc. Code | TCK BT# _____ TCK Loc# _____ | | | | |
| | | Assoc. Name _____ | | | | | |

(1) MERCHANT LOCATION INFORMATION

ADDRESS SAME AS INVOICING (BILL-TO)

| | | | | | |
|------------------------------|--------------|--|-------------|------------------------------|-----------------|
| Legal Company Name | | Your DBA Name (if applicable) | | | Store # |
| Address (No P.O. Box) | | Suite # | City | State | Zip Code |
| Contact Name | | Contact Title | | Contact Email Address | |
| Phone # | Fax # | Website (required for Online) WWW. _____ | | | |

(2) MERCHANTS INVOICING (BILL-TO) INFORMATION

| | | | | | |
|--------------------------------|--|--------------------------------------|-------------|-----------------------|-------------------------|
| Legal Company Name | | Your DBA Name (if applicable) | | | Store # |
| Address | | Suite # | City | State | Zip Code |
| First/Last Contact Name | | Contact Title | | | Business Phone # |
| Contact Email Address | | | | Business Fax # | |

Special Instructions

(3) BUSINESS AND OWNERSHIP INFORMATION

| | | | | | |
|---|---|--|--|--|--|
| Business/Product lines for last 2 years | | | Annual Revenues | | |
| Name (as it appears on your income tax return) | | | State/Federal TAX ID (as it appears on your income tax return) | | |
| State Incorp. | Started (MM/YYYY) | # of Employees | Dun & BradStreet ID | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is a publicly traded corporation or its subsidiary? | <input type="checkbox"/> Sole Ownership | <input type="checkbox"/> Non-Profit/Tax Exempt | <input type="checkbox"/> I certify that I am a foreign entity/nonresident alien (if checked, please attach IRS Form W-8) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is federally-insured? and/or a government entity? | <input type="checkbox"/> Partnership | <input type="checkbox"/> Private | <input type="checkbox"/> LLC | | |

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.

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

| | | | | | | |
|----------------|-----------------------------------|--------------|---------------|--------------------------|-------------------|------------------------------|
| Owner 1 | Owner/Partner/Officer Name | % Own | D.O.B. | Social Security # | Home Phone | |
| | Home Address (No P.O. Box) | | | # | City | State Zip Code |
| Owner 2 | Owner/Partner/Officer Name | % Own | D.O.B. | Social Security # | Home Phone | |
| | Home Address (No P.O. Box) | | | # | City | State Zip Code |
| Owner 3 | Owner/Partner/Officer Name | % Own | D.O.B. | Social Security # | Home Phone | |
| | Home Address (No P.O. Box) | | | # | City | State Zip Code |
| Owner 4 | Owner/Partner/Officer Name | % Own | D.O.B. | Social Security # | Home Phone | |
| | Home Address (No P.O. Box) | | | # | City | State Zip Code |

(4) AUTHORIZED SIGNER TO ADD LOCATIONS OR MAKE CHANGES TO ACCOUNT (INCLUDING BANKING INFORMATION)

| | | | | | |
|------------------------|--------------|----------------------|--------------|--|--|
| First/Last Name | | | Title | | |
| Phone # | Fax # | Email Address | | | |

(5) BANK REFERENCES

| | | | | | | |
|-------------|--------------------------|--|--|------------------|-------------|--------------|
| Bank | Bank Name | | | Phone # | | |
| | Bank Contact Name | | | Account # | City | State |

(6) FUNDING REPORT INFORMATION

| | | | |
|--------------------------------------|--|-----------------------------|-------------------------------|
| Report Delivery | Report Frequency | Report Contact Name | Report Contact Phone # |
| <input type="checkbox"/> Email | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | Report Email Address | |
| <input type="checkbox"/> Client Line | <input type="checkbox"/> Daily | | |

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(7) BANKING INFORMATION

ATTACH A VOIDED CHECK OR SIGNED BANK LETTER TO ENSURE PROPER BANKING SETUP

| | | | |
|---|--|-------------------------------|---------------|
| ACH Credits to TeleCheck <i>By Subscriber (for Invoice Payment)</i> | | Routing # (Nine Digits) _____ | Account _____ |
| ACH Debits/Credits to Subscriber <i>By TeleCheck (for Settlement)</i> | | Routing # (Nine Digits) _____ | Account _____ |

(8) GATEWAYS, EQUIPMENT and SERVICES PROVIDED

Gateways: Payeezy Gateway Compass Cybersource Cardinal Commerce HRP PayPal/Payflow Tempus Other: _____

| Purchase, Lease*, Rent, Customer Owned | Rental Term | Qty | Equipment/Device | Unit Cost (w/out tax) | IP Enabled? | VAR/Platform | PDL Product | TID # | Access Code | Auto Close (AM or PM) |
|--|-------------|-----|------------------|-----------------------|-------------|--------------|-------------|-------|-------------|-----------------------|
| P L* R C | | | | | | | | | | |
| P L* R C | | | | | | | | | | |
| P L* R C | | | | | | | | | | |

*Please see Equipment Lease Agreement for the Terms and Conditions governing your leased equipment

| | | | | | |
|---|-----------------------|---------|------|-------|----------|
| Ship to <input type="checkbox"/> Location <input type="checkbox"/> Other | Address (No P.O. Box) | Suite # | City | State | Zip Code |
|---|-----------------------|---------|------|-------|----------|

All Products on this TeleCheck Agreement are subject to all Operating Rules and Guidelines

| Clover Check Acceptance Product | Features | Average Ck Size | Monthly Ck Volume | Warranty Max | Max Check Amt | Inquiry Rate | Transaction Fee | Monthly Minimum | CROC Fee | Unauthorized Return Fee | Monthly STMT Fee | Dec. Risk Surcharge | CBP Confirm Notice Fee | Funding Report | Setup Fee |
|---|--|-----------------|-------------------|---|---------------|--------------|-----------------|-----------------|----------|------------------------------------|------------------|---------------------|------------------------|----------------|-----------|
| <input type="checkbox"/> In-Person Warranty Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | \$ _____ or <input type="checkbox"/> FACE | | 1.50% | \$.20 | | \$ 2.50 | \$ 5.00 | | | | | |
| <input type="checkbox"/> In-Person Verification Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | | | | \$.20 | | \$ 2.50 | \$ 5.00 | | | | | |
| <input type="checkbox"/> In-Person Warranty Non-Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | \$ _____ or <input type="checkbox"/> FACE | | % | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> In-Person Verification Non-Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | | | | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> By Mail/Drop Box Warranty Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | \$ _____ or <input type="checkbox"/> FACE | | 1.50% | \$.20 | | \$ 2.50 | \$ 5.00 | | | | | |
| <input type="checkbox"/> By Mail/Drop Box Verification Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | | \$ 25,000 | | \$.20 | | \$ 2.50 | \$ 5.00 | | | | | |
| <input type="checkbox"/> By Mail/Drop Box Warranty Non-Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | \$ _____ or <input type="checkbox"/> FACE | | % | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> By Mail/Drop Box Verification Non-Clover | <input checked="" type="checkbox"/> Corp Ck | \$ | \$ | | \$ 25,000 | | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | | | | \$ |
| <input type="checkbox"/> e-Deposit Settlement Only Clover | | \$ | \$ | | \$ 25,000 | | \$.20 | | \$ 2.50 | \$ 5.00 | | | | | |
| <input type="checkbox"/> e-Deposit Settlement Only Non-Clover | | \$ | \$ | | \$ 25,000 | | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | | | \$ | \$ |
| <input type="checkbox"/> By Mobile App Warranty | # of Devices | \$ | \$ | \$ 5,000 | | % | \$ | \$ | \$ 2.50 | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> Online Warranty | <input type="checkbox"/> Corp Ck <input type="checkbox"/> Recurring | \$ | \$ | \$ 2,500 | | % | \$ | \$ | | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> Online Verification | <input type="checkbox"/> Corp Ck <input type="checkbox"/> Recurring | \$ | \$ | | \$ 2,500 | | \$ | \$ | | \$ 5.00 | \$ 5.00 | | | | \$ |
| <input type="checkbox"/> Recurring Payment Warranty | <input type="checkbox"/> Corp Ck | \$ | \$ | \$ 2,500 | | % | \$ | \$ | | \$ 5.00 | \$ 5.00 | 0.10% | | \$ | \$ |
| <input type="checkbox"/> Recurring Payment Verification | <input type="checkbox"/> Corp Ck | \$ | \$ | | \$ 2,500 | | \$ | \$ | | \$ 5.00 | \$ 5.00 | | | | \$ |
| <input type="checkbox"/> *Other | <input type="checkbox"/> Corp Ck | \$ | \$ | \$ | \$ | % | \$ | \$ | \$ 2.50 | \$ 5.00 (Electronic Products only) | \$ 5.00 | 0.10% | \$ | \$ | \$ |

*Products added to "Other" may require an addendum to be included
See TeleCheck Services Terms and Conditions for any additional fees.

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(9) TELECHECK SERVICE APPLICATION and AGREEMENT CONFIRMATION

Each of the undersigned authorizes TeleCheck and its affiliates to request and obtain a Consumer Report for the applicant and each of the officers/partners/proprietors/owners of the applicant. A Consumer Report is a routine report on credit worthiness, frequently used by creditors. If approved for service(s) under this Agreement, TeleCheck and its affiliates may obtain subsequent Consumer Reports in connection with the maintenance, updating, renewal or extension of the service(s) under this Agreement. I (we) agree that all business references, including banks and consumer reporting agencies, may release any and all credit and financial information to TeleCheck and its affiliates necessary for determining or maintaining my (our) credit worthiness in connection with the service(s) provided under this Agreement. I (we) agree and acknowledge that the information provided in this Merchant Application Form and other relevant credit data, may be supplied to TeleCheck and its affiliates.

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Subscriber authorizes its financial institution to pay and charge to its account the amount(s) due TeleCheck under this Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's service(s) under this Agreement. This authorization will remain in effect until 30 days after revoked in writing. Subscriber also certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

THIS SERVICE APPLICATION AND AGREEMENT INCLUDES ALL OF THE TERMS IN THE TELECHECK SERVICES TERM AND CONDITIONS. SUBSCRIBER ACKNOWLEDGES HAVING RECEIVED AND READ A COPY OF THE TELECHECK SERVICES TERMS AND CONDITIONS AND AGREES TO BE BOUND BY ALL OF THE PROVISIONS CONTAINED THEREIN. THIS AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF EACH PARTY AS OF THE EFFECTIVE DATE AND IS SIGNED IN MULTIPLE COPIES EACH BEING EFFECTIVE AS AN ORIGINAL.

The undersigned Subscriber, at the rates set forth on the attached Rate Schedule (plus all applicable taxes, shipping and handling fees), and for the covered location(s), hereby employs the TeleCheck® authorization services for an initial period of 12 months (initial here _____ for an initial term of 24 months, or here _____ for an initial term of 36 months), subject to the terms of this Agreement. Activation charges to Subscriber Account will begin no later than 10 days from shipment of Subscribers Training Materials.

| OWNER 1 SIGNATURE | | OWNER 2 SIGNATURE | |
|---|---|---|---|
| <p>X _____ Signature:</p> <p>Print Name _____ Date _____</p> | <p>Title: <input type="checkbox"/> President <input type="checkbox"/> V.P. <input type="checkbox"/> Member LLC <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Secretary <input type="checkbox"/> CFO</p> | <p>X _____ Signature:</p> <p>Print Name _____ Date _____</p> | <p>Title: <input type="checkbox"/> President <input type="checkbox"/> V.P. <input type="checkbox"/> Member LLC <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Secretary <input type="checkbox"/> CFO</p> |

(10) PERSONAL GUARANTY

In exchange for TeleCheck services, the undersigned unconditionally guarantees performance of the Subscriber's obligations under this Agreement and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify TeleCheck for any and all amounts due from Subscriber under this Agreement. I understand that this is a Guaranty of payment and not a collection and that TeleCheck is relying upon this Guaranty in entering into this Agreement.

X _____
Signature

_____ Print Name _____ Date

----- (11) FOR INTERNAL USE ONLY -----

| | | | |
|---------------------------------|--------------|-------------------------|------|
| Sales Representative PRINT NAME | Sales Rep ID | | |
| Market Channel Name | CODE | TeleCheck Services, LLC | DATE |