

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____

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

I. BUSINESS INFORMATION

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Client's Business Name (Doing Business As):			Client's Corporate/Legal Name (Use Also For Headquarter's Information):		
Business Address:			Billing Address (If Different Than Location Address):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail or Website Address:			Contact Fax # / E-mail Address:		
Customer Service Phone #:			Contact Phone #:		

Send Retrieval Requests to: Business Location Corp/Legal Location Send Merchant Monthly Statement to: Business Location Corp/Legal Location

<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____	<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____	<input type="checkbox"/> GOVERNMENT (Federal, State, Local)
	<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____	<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____	<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____	<input type="checkbox"/> PARTNERSHIP State Filed: _____

FEDERAL TAX ID #:	Detailed Explanation of Type of Merchandise, Products or Services Sold:
SIC/MCC:	

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION – ALL MERCHANTSAre you using a Vendor? Yes No If yes, please supply a copy of Vendor's report.

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</p> <p>3. How many employees: _____</p> <p>4. How many registers / Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>13. Do you have a refund policy for MC/Visa/Discover® Network/Amer. Express OnePoint Sales? <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 Credit <input type="checkbox"/> American Express OnePoint Credit If MC/Visa/Discover Network/American Express OnePoint Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. 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></p>	<p>15. Your Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>Mail / Telephone Order / Business to Business / Internet Information (All Questions must be Answered)</p> <p>1. What % of total sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>3. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%</p> <p>4. MC/Visa/Discover Network/American Express OnePoint sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If vendor, add Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary):</p> <p>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</p>
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OmahaWF1208(ia) **3. COMPANY HISTORY** OmahaWF1210(ia)

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

TRADE REFERENCE 1			TRADE REFERENCE 2		
Vendor Name:			Vendor Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Contact Name:			Contact Name:		
Contact Telephone:		Vendor Acct. #:	Contact Telephone:		Vendor Acct. #:

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1			OWNER / PARTNER / OFFICER 2		
Name: (First, MI, Last)		% Ownership:	Name: (First, MI, Last)		% Ownership:
Title:			Title:		
Home Address: (No P.O. Box)			Home Address: (No P.O. Box)		
City:	State:	Zip:	City:	State:	Zip:
Telephone #:		Social Security #:	Telephone #:		Social Security #:
D.O.B.:	DI #:	State:	D.O.B.:	DI #:	State:

5. SETTLEMENT INFORMATION

Deposit Bank: _____ Bank Contact: _____

Transit / ABA #: _____ Deposit Account #: _____

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

6. EQUIPMENT/THIRD PARTY INFORMATION

Network (Front End): Omaha North Nashville BuyPass

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

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

INTERNET GATEWAY: First Data Global Gateway Other: _____ Wireless Network: _____

PC/Internet Software _____ Quantity _____ New Rent Lease Existing

Terminal Model _____ Quantity _____ New Rent Lease Existing

Printer Model _____ Quantity _____ New Rent Lease Existing

PIN Pad _____ Quantity _____ New Rent Lease Existing

LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: \$ _____ w/o taxes, late fees, 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.)

Address _____ City _____ State _____ Zip _____ Attention: _____

7. GRID INFORMATION - INTERNAL USE ONLY

MC CREDIT MPG ID _____ 8-position Alpha/Numeric	VISA CREDIT MPG ID _____ 8-position Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID _____ 8-position Alpha/Numeric	AUTHORIZATION GRID ID#:
MC DEBIT MPG ID _____ 8-position Alpha/Numeric	VISA DEBIT MPG ID _____ 8-position Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID _____ 8-position Alpha/Numeric	
MC CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	VISA CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	USER DEFINED GRID ID#:
MC DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	VISA DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	

8. TRANSACTION INFORMATION

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

Merchant Initials: _____

OmahaWF1208(ia) **9. SERVICE FEE SCHEDULE** OmahaWF1210(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: \$ _____ (Per Item)	Discover Network Auth & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ _____ (Per Item)
<input type="checkbox"/> American Express OnePoint/Full Service (EDC) or <input type="checkbox"/> American Express ESA/Pass Through		Electronic AVS Fee \$ _____ (Per Item)
American Express Authorization: \$ _____ (Per Item)	JCB Authorization: \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)
Amex ESA/Pass Through SE #: _____	JCB SE #: _____	ARU Fee \$ _____ (Per Item)

Miscellaneous Fees				Monthly Fees	
<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee (12B Letter) \$ _____ (Per Item)	Return Trans. Fee \$ _____ (Per Item)	Wireless Fee	\$ _____
Sales Transaction Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)		eMerchantView Access Fee	\$ _____
EBT - Food Stamps \$ _____ (Per Item) #:	EBT - Cash Benefits \$ _____ (Per Item)	Other: \$ _____		Customer Service Fee	\$ _____
Annual Fee \$ _____	MC Other Item Rate \$ _____	Visa Other Item Rate \$ _____		Debit Access Fee	\$ _____
Discover Network Other Item Rate \$ _____	Amex Other Item Rate \$ _____	Amex OnePoint Other Volume _____ %	JCB Other Item Rate \$ _____	Supplies:	\$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Account on File)	Pass Visa ACQ ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Other:	\$ _____
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Authorization 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 International Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass MC Acquirer Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC National Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

MasterCard Acceptance <input type="checkbox"/> Accept MC Credit Transactions <u>only</u> <input type="checkbox"/> Accept MC Non-PIN Debit Trans. <u>only</u>	Visa Acceptance <input type="checkbox"/> Accept Visa Credit Transactions <u>only</u> <input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <u>only</u>	Discover Network Acceptance <input type="checkbox"/> Accept Discover Network Credit Transactions <u>only</u> <input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <u>only</u>
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See Section 1.9 of the Program Guide for details regarding limited acceptance.

Discount Collected Daily Monthly

Tiered Discount Fees (Based on Gross Sales Volume)

	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Disc. Network Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Disc. Network Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$	Discover Network Qual Debit	%	\$
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$	Discover Network Mid-Qual Debit	%	\$
MC Worldcard Non-Qual	%	\$				Discover Network Non-Qual Debit	%	\$
MC Qual Debit	%	\$	Visa Qual Debit	%	\$			
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$			

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	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%

Pass Through Interchange - Includes Dues and Assessments

Other Item Rate \$ _____ (per item)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)	Discount (Based on Gross Sales Volume)
Other Volume Percent (Based on Net Volume) _____ %	MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit
	MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit

PIN Debit

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

American Express OnePoint

<input type="checkbox"/> Retail** _____ % \$ _____ <input type="checkbox"/> Restaurant** _____ % <input type="checkbox"/> Fast Food Restaurant _____ % <input type="checkbox"/> Mail Order & Internet _____ % <input type="checkbox"/> Supermarkets _____ % <input type="checkbox"/> Travel & Transp. _____ %	<input type="checkbox"/> Lodging _____ % <input type="checkbox"/> Services, Wholesale and All Other _____ % \$ _____ <input type="checkbox"/> Tuition _____ % <input type="checkbox"/> Healthcare - Office Based Doctors/Dentists _____ %
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TeleCheck

Split Dial License # MICR Warranty ECA

SE Number _____ **TeleCheck Rates & Fees** Yes No

Inquiry Rate _____ %	ACH Processing Fee \$ 5.00
December Risk Surcharge _____ .10 %	Client Requested Operator Call (CROC) \$ 2.50
Per TXN Fee \$ _____	ECA Chargeback Fee \$ 5.00
Monthly Minimum Fee (Per Location) \$ 25.00	(Only charged when entitled with TeleCheck)

Fleet

Wright Express: Other Item Rate \$ _____ (per item)

Voyager: Qual _____ % Other Item Rate \$ _____ (per item)

**0.30% downgrade will be charged for transactions whenever a CNP (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 or Internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.

OmahaWF1208(ia) **10. SIGNATURE(S)** OmahaWF1210(ia)

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 OmahaWF1208(ia)) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease 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 purposes of the American Express Card Acceptance Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and Wells Fargo Bank, N.A. ("Bank") and their 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 named in this Merchant Processing Application. Client authorizes FDMS and BANK and their 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. It is our policy to obtain certain information in order to verify your identity while processing your account application.

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 First Data Merchant Services Corporation (FDMS) 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, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, 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 from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for FDMS 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 FDMS servicing program, 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.

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

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

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 FDMS and Bank.

Client's Business Principal/Officer:

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

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

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

Print Name of Signer _____ Date _____

Personal Guarantee: The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee

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

Personal Guarantee

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

Accepted By First Data Merchant Services Corporation

Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

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

Title _____ Date _____ Title _____ Date _____