

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

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

I. BUSINESS INFORMATION

Page 1 of 4

| | | | | | |
|---|---|---|---|---|-------------|
| 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 Address: | | | Contact Fax # / E-mail Address: | | |
| Business Website Address: | | | Contact Phone #: | | |
| Customer Service Phone #: | Customer Service E-mail Address: | | Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location | | |
| | | | Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location | | |
| <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____ | | <input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____ | | <input type="checkbox"/> GOVERNMENT (Federal, State, Local) | |
| <input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____ | | <input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____ | | <input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____ | |
| <input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____ | | <input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____ | | <input type="checkbox"/> PARTNERSHIP State Filed: _____ | |
| Name (as it appears on your income tax return) | | FEDERAL TAX ID # (as it appears on your income tax return) | | <input type="checkbox"/> 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.4 of your Program Guide for further information.)

SIC/MCC: _____

Detailed **Explanation of Type of Merchandise, Products or Services Sold:**

IATA/ARC: _____ (MCC 4722 Only)

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

| | |
|---|---|
| <p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mail <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</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 <input type="checkbox"/> None</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/ American Express/ American 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/V/Discover Network/American Express/ American Express OnePoint Credit. If MC/V/Discover Network/American Express/ 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. 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 align="center">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/ 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> |
|---|---|

Merchant Initials: _____

OmahaWF1704 **3. COMPANY HISTORY** OmahaWF1704(ia)

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

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: | Country: | City: | State: | Zip: | Country: |
| Telephone #: | | Social Security #: | | Telephone #: | | Social Security #: | |
| D.O.B.: | DL #: | State: | | D.O.B.: | DL #: | 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, identify the Third Party Processor used: 00 None 01 Yahoo 02 Authorize.net 03 Cybersource 04 Verifone 05 Merchant Link 06 Shift 4
 07 Apriva 08 FIS 09 Six Payment Services Corp 10 Verisign 99 Other (please specify) _____
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

| | | |
|---|---|---|
| AUTHORIZATION GRID ID#: _____ | USER DEFINED GRID ID#: _____ | MFC GRID ID: _____ 8-pos. Alpha/Numeric |
| MC CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | VISA CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric |
| MC DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | VISA DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric |
| MC CREDIT MPG ID _____ 8-pos. Alpha/Numeric | VISA CREDIT MPG ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK CREDIT MPG ID _____ 8-pos. Alpha/Numeric |
| MC DEBIT MPG ID _____ 8-pos. Alpha/Numeric | VISA DEBIT MPG ID _____ 8-pos. Alpha/Numeric | DISCOVER NETWORK DEBIT MPG ID _____ 8-pos. Alpha/Numeric |
| | | AMERICAN EXPRESS CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric |
| | | AMERICAN EXPRESS CREDIT MPG ID _____ 8-pos. Alpha/Numeric |

8. TRANSACTION INFORMATION

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

9. SERVICE FEE SCHEDULE

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

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

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

Discount Collected Daily Monthly

Merchant Initials: _____

| | | |
|--|--|---|
| OmahaWF1704 | 9. SERVICE FEE SCHEDULE (cont'd) | OmahaWF1704(ia) |
| Authorization & Capture Transaction Fees | | |
| MC/Visa Auth & Capture Fee: \$ _____ (Per Item) | Discover Network Auth & Capture Fee: \$ _____ (Per Item) | TransArmor Auth Fee \$ _____ (Per Item) |
| <input type="checkbox"/> American Express OnePoint/Full Service (EDC) <input type="checkbox"/> American Express or <input type="checkbox"/> American Express ESA/Pass Through* | | Voice Authorization \$ _____ (Per Item) |
| American Express Auth & Capture Fee: \$ _____ (Per Item) | American Express ESA/Pass Through SE #: | Electronic AVS Fee \$ _____ (Per Item) |
| American Express Discount Rate _____ % | Flat Per Transaction Fee \$ _____ | Voice AVS Fee \$ _____ (Per Item) |
| American Express Prepaid Discount Rate _____ % | Flat Per Transaction Fee \$ _____ | ARU Fee \$ _____ (Per Item) |
| <input type="checkbox"/> American Express Monthly Fee*: \$ 7.95 (Flat Fee) *American Express Monthly Flat Fee or Discount Rate may apply. | | |

| | | | | | | | |
|--|---|--|--|--|--|---------------------|--|
| 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) | | | | |
| Sales Transaction Fee \$ _____ (Per Item) | Batch Fee \$ _____ (Per Item) | Early Termination Fee \$ _____ (One Time Fee) | | | | | |
| EBT - Food Stamps \$ _____ (Per Item) #: | EBT - Cash Benefits \$ _____ (Per Item) | Other: \$ _____ | | | | | |
| Minimum Monthly Fee \$ _____ | Monthly Statement Fee \$ _____ (Acct on File) | Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | ACH Reject Fee \$ _____ (Per Item) | | | | |
| MC License Fee \$ _____ (Per Sales Item) | _____ % (Sales Volume) | \$ _____ (Flat Rate) | <input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December | | | | |
| Visa Proc Fee \$ _____ (Per Item) | MC Proc Fee \$ _____ (Per Item) | Visa BIN Fee \$ _____ (Per Item) | MC ICA Fee \$ _____ (Per Item) | | | | |
| Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No | Visa FANF Card Present Surcharge \$ _____ (Flat Rate) | Visa FANF Card Not Present Surcharge \$ _____ (Flat Rate) | | | | | |
| Pass Visa Acq Processing Fee <input type="checkbox"/> Yes <input 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 Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Pass Visa Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Visa Kilobyte Fee Surcharge \$ _____ (Flat Rate) | Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Visa AFD Non Participation Fee Surcharge \$ _____ (Per Item) | | | | |
| Pass MasterCard Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | MasterCard Kilobyte Fee Surcharge \$ _____ (Flat Rate) | Pass MasterCard AVS Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | MasterCard AVS Fee Surcharge \$ _____ (Per Item) | | | | |
| Pass MasterCard CVC2 Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | MasterCard CVC2 Fee Surcharge \$ _____ (Flat Rate) | | | | | | |
| Pass American Express Network Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | American Express Network Fee Surcharge _____ % (Sales Volume) | | | | | | |
| Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Discover Network Auth Fee Surcharge \$ _____ (Flat Rate) | | | | | | |
| Pass Visa Acq ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pass MC 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 Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pass Discover Int'l Proc Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Pass STAR Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | STAR Debit Network Annual Fee Surcharge \$ _____ (Flat Rate) | | | | | | |
| Pass Pulse Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pulse Debit Network Annual Fee Surcharge \$ _____ (Flat Rate) | | | | | | |
| Pass Jeanie Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Jeanie Debit Network Annual Fee Surcharge \$ _____ (Flat Rate) | | | | | | |

| | | | |
|--|------------------------------------|-----------------------------------|-------------------------------|
| TIN/TFN & Regulatory Product Fees | | | |
| Reg. Product Fee \$ _____ (Monthly) | TIN/TFN Invalid \$ _____ (Monthly) | Website Usage \$ _____ (Per Item) | IVR Usage \$ _____ (Per Item) |

| | | | | | | | |
|------------------------|----------------------|----------------------------------|----------------------------------|--|--|--|--|
| Other Item Rate | | | | | | | |
| MC Credit \$ _____ | Visa Credit \$ _____ | Discover Network Credit \$ _____ | American Express Credit \$ _____ | American Express One Point Credit \$ _____ | | | |
| MC Debit \$ _____ | Visa Debit \$ _____ | Discover Network Debit \$ _____ | | | | | |

| | | | | | | | |
|-----------------------|---------------|---------------------------|---------------------------|-------------------------------------|--|--|--|
| Other Volume % | | | | | | | |
| MC Credit % | Visa Credit % | Discover Network Credit % | American Express Credit % | American Express One Point Credit % | | | |
| MC Debit % | Visa Debit % | Discover Network Debit % | | | | | |

| Tiered Discount Fees (Based on Gross Sales Volume) | | | | | | | | | | | |
|---|----------|-------------|-----------------------------|----------|-------------|---------------------------------|----------|-------------|----------------------------------|----------|-------------|
| | Discount | MPG TXN Fee | | Discount | MPG TXN Fee | | Discount | MPG TXN Fee | | Discount | MPG TXN Fee |
| MC Qual Credit | % | \$ | Visa Qual Credit | % | \$ | Discover Network Qual Credit | % | \$ | American Express Qual Credit | % | \$ |
| MC Mid-Qual Credit | % | \$ | Visa Mid-Qual Credit | % | \$ | Disc. Network Mid-Qual Credit | % | \$ | American Express Mid-Qual Credit | % | \$ |
| MC Non-Qual Credit | % | \$ | Visa Non-Qual Credit | % | \$ | Disc. Network Non-Qual Credit | % | \$ | American Express 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 Network Qual Debit | % | \$ | | | |
| MC Mid-Qual Debit | % | \$ | Visa Mid-Qual Debit | % | \$ | Disc. Network Mid-Qual Debit | % | \$ | | | |
| MC Non-Qual Debit | % | \$ | Visa Non-Qual Debit | % | \$ | Disc. Network Non-Qual Debit | % | \$ | | | |
| MC Regulated Debit Disc't | % | \$ | Visa Regulated Debit Disc't | % | \$ | Disc. Network Reg. Debit Disc't | % | \$ | | | |

| ERR | | | | | | | | | | | |
|----------------|----------|---------------|------------------|----------|---------------|------------------------------|----------|---------------|------------------------------|----------|---------------|
| | Discount | Non-Qual Fees | | Discount | Non-Qual Fees | | Discount | Non-Qual Fees | | Discount | Non-Qual Fees |
| MC Qual Credit | % | % | Visa Qual Credit | % | % | Discover Network Qual Credit | % | % | American Express Qual Credit | % | % |
| MC Qual Debit | % | % | Visa Qual Debit | % | % | Discover Network Qual Debit | % | % | American Express Qual Credit | % | % |

| Pass Through Interchange - Includes Dues and Assessments | | | | | | | |
|---|--------------------------------------|------------------|--------------------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|
| | Discount (Based on Gross Sales Vol.) | | Discount (Based on Gross Sales Vol.) | | Discount (Based on Gross Sales Vol.) | | Discount (Based on Gross Sales Vol.) |
| MC Qual Credit | % | Visa Qual Credit | % | Discover Network Qual Credit | % | American Express Qual Credit | % |
| MC Qual Debit | % | Visa Qual Debit | % | Discover Network Qual Debit | % | American Express Qual Credit | % |

| | | | |
|--|-------------------------------------|---|--|
| PIN Debit | | | |
| <input type="checkbox"/> Pass Through Debit Network Fees | Other Item Rate \$ _____ (per item) | Other Volume Percent _____ % (per item) | |

Merchant Initials: _____

9. SERVICE FEE SCHEDULE (cont'd)

TeleCheck

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|----------------|
| <input type="checkbox"/> ECA Warranty | <input type="checkbox"/> Mail Order | <input type="checkbox"/> Hold Check | Inquiry Rate _____% | Stmt/Processing Fee | \$ 5.00 |
| <input type="checkbox"/> Paper Warranty | <input type="checkbox"/> C.O.D. | | Dec. Risk Surcharge .10 % | Customer Requested Operator Call (CROC) | \$ 2.50 |
| SE # _____ | | | Per TXN Fee \$ _____ | ECA Chargeback Fee | \$ 5.00 |
| TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Monthly Minimum Fee \$ _____ (Per Location) | (Only charged when entitled with TeleCheck) | |
| See Agreement for definitions, warranty requirements and any additional fees. | | | | | |

American Express OnePoint

| Rate | Per Item | Rate | Per Item |
|--|------------------|--|------------------|
| <input type="checkbox"/> Retail** | _____ % \$ _____ | <input type="checkbox"/> Education | _____ % |
| <input type="checkbox"/> Restaurant** | _____ % \$ _____ | <input type="checkbox"/> Healthcare – Office Based Doctors/Dentists | _____ % |
| <input type="checkbox"/> Fast Food Restaurant | _____ % | <input type="checkbox"/> Telecommunications | _____ % |
| <input type="checkbox"/> Mail Order & Internet | _____ % | <input type="checkbox"/> Telecommunications – Cable/Computer Network | _____ % |
| <input type="checkbox"/> Supermarkets | _____ % | <input type="checkbox"/> Independent Gas Station | _____ % |
| <input type="checkbox"/> Other Transportation | _____ % | <input type="checkbox"/> B2B | _____ % \$ _____ |
| <input type="checkbox"/> Lodging | _____ % | <input type="checkbox"/> Prepaid Card | _____ % \$ _____ |
| <input type="checkbox"/> Services, Wholesale & All Other | _____ % \$ _____ | <input type="checkbox"/> Travel Agencies/Tour Operators** | _____ % \$ _____ |

First Data Global Gateway e4 (GGE4)

| | |
|---|----------------------------|
| <input type="checkbox"/> GGE4 Participation | GGE4 Effective Date: _____ |
| GGE4 One Time Setup Fee | \$ _____ (one time) |
| GGE4 Monthly Fee | \$ _____ (monthly) |
| GGE4 Auth Fee | \$ _____ (per item) |
| GGE4 AVS Fee | \$ _____ (per item) |
| PayPal Auth Fee | \$ _____ (per item) |
| PayPal Sale Fee | \$ _____ (per item) |
| PayPal Return Fee | \$ _____ (per item) |

First Data Global Gateway e4 (GGE4) TeleCheck

| | |
|-------------------------------|---------------------|
| GGE4 TeleCheck Auth Fee | \$ _____ (per item) |
| GGE4 TeleCheck Deposit Fee | \$ _____ (per item) |
| GGE4 TeleCheck Adjustment Fee | \$ _____ (per item) |

**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. This fee applies to both OnePoint and ESA.
 **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.

Fleet

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

OmahaWF1704

10. SIGNATURE(S)

OmahaWF1704(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 and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), 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 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 TeleCheck Services 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 TeleCheck Services Agreement.

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other 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 references, 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 amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial 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.

As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.

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 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 FDMS 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 <http://www.americanexpress.com/privacy> to learn more about how AXP's 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)-526-5200.

I understand that upon AXP's approval of the Application, as applicable, the entity will be provided with 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 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.

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, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

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

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

Client's Business Principal/Officer:

| | | | |
|----------------------------|-------------|----------------------------|-------------|
| Signature X _____ | Title _____ | Signature X _____ | Title _____ |
| Print Name of Signer _____ | Date _____ | Print Name of Signer _____ | Date _____ |
| Signature X _____ | Title _____ | Title _____ | Date _____ |
| Print Name of Signer _____ | Date _____ | | |

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: 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.

Signature **X** _____ Print Name/Title: _____ Date _____
 Authorized Signature on TeleCheck Account for ACH

Personal Guarantee: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A. and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the TeleCheck/TRS Services 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 First Data Merchant Services Corporation

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

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