



MERCHANT PROCESSING APPLICATION AND AGREEMENT (MPA)

Agent Office (Print) _____ Agent Telephone _____ Lead No. _____
 Sales Representative (Print) _____ Promo Code _____ Program Code _____ Dual Board _____

(1) MERCHANT INFORMATION

Legal Name of Business		DBA (Doing Business As) (only 22 characters including spaces)		
Physical Address (No P.O. Boxes)		City	State	ZIP
Mailing Address (If different from Physical Address)		City	State	ZIP
Business Telephone	Business Fax Telephone	Merchant Customer Service Telephone		
Merchant E-Mail		Age of Business Yrs. Mos.		
List Type of Business/Products/Services Sold and How (Be specific)		Merchant URL		
		Authorized Business Rep		
IATA/ARC Number		a. Is your business located outside of the 50 United States, in the District of Columbia or in a U.S. territory? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach IRS Form W-8)		
Tax Filing Name (as it appears on your income tax return)		Federal Tax ID # (as it appears on your income tax return)		b. Does your business currently hold a non-profit status letter from the IRS? (if Yes, please attach IRS Determination Letter) <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: Failure to provide accurate information may result in a withholding of Merchant funding per IRS regulations. See Part IV, Section A.3 of your Program Guide for further information.		c. Is your business part of a Government Entity such as a state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(2) OWNERSHIP

100% ownership for a partnership or proprietorship, must be accounted for on the application.

Sole Proprietorship Private Corp. Public Corp. Government (federal/state/local) Medical or Legal Corporation International Org.
 Partnership Limited Liability Co. Non-Profit Corp. Associations/Estates and Trusts Tax-Exempt Org. (501C)

<input type="checkbox"/> Run Credit Report (Must be signer) Principal's Name	Ownership %	Date Business Acquired	Title	Contact Phone Number
Date of Birth (mm/dd/yyyy) (Required)	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)
Street Address (Physical Address - No P.O. Boxes)		City	State	ZIP
Country				
<input type="checkbox"/> Run Credit Report (Must be signer) Second Principal's Name	Ownership %	Date Business Acquired	Title	Contact Phone Number
Date of Birth (mm/dd/yyyy) (Required)	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)
Street Address (Physical Address - No P.O. Boxes)		City	State	ZIP
Country				

(3) SETTLEMENT ACCOUNT (you MUST attach a voided check)

We will automatically debit your Settlement Account for any amounts owed to us under the Merchant Agreement. The Transit Routing Number and Account Number must match the information listed on the voided check.

Bank Name	Transit Routing Number	Account Number	Telephone
-----------	------------------------	----------------	-----------

(4) MARKETING METHOD

Combined Estimated Monthly Volume (MC/Visa/Discover®) \$ _____	Face to Face _____ %	Swiped _____ %
Est. Monthly Volume (American Express) \$ _____	Mail Order (MO) _____ %	Keyed With Imprint _____ %
Typical Ticket/Sales Amount \$ _____	Telephone Order (TO) _____ %	Keyed Without Imprint _____ %
Estimated Highest Ticket/Sales Amount \$ _____	Internet _____ %	
	Total 100%	Total 100%

(5) EQUIPMENT/SOFTWARE **

QTY.	Equipment Category (Terminal, Software, etc.)	Equipment Name	Authorization Network*** (Nashville, CardNet, etc.)	Customer Owned (C) or New (N)	Lease (L)
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L

(5) EQUIPMENT/SOFTWARE ** (cont'd)

Table with 6 columns: QTY., Equipment Category (Peripheral), Equipment Name, Authorization Network*** (Nashville, CardNet, etc.), Customer Owned (C) or New (N), Lease (L). Includes multiple rows for equipment listing.

*Time Zone will be merchant's local time.
**Features apply to terminals only.
***Authorization Network: 4000 = Nashville; 4010 = Omaha; 206 = CARDnet; 4006 = Buypass; 5083 = Compass

(6) SITE INSPECTION

- 1. Person/authorized company performing site visitation:
2. Visitation Date:
3. How Many Employees:
4. Location: Mall Office Home Shopping Area Mixed Apartment Isolated
5. Zone: Business District Industrial Residential
6. What is the timeframe from the transaction to delivery of product/service?

(7) PROCESSOR

- 1. Are you now processing or have you ever processed MC/Visa/Discover?
2. Name of Processor:
3. Have you ever had a payment card processing relationship terminated?
4. Do you use any Third Party Processor (TPP) to store, process or transmit cardholder data?

(8) FEE SCHEDULE (Charged by Processor)

All fees are subject to change as provided below. For further details, read the entire Merchant Application and Program Guide.

DISCOUNT RATES FOR MASTERCARD/VISA/DISCOVER*

Acceptance of all Mastercard, Visa and Discover transactions is presumed unless you indicate which service(s) you do not want by checking that service below.

- Checkboxes for: Visa Credit Transactions, Visa Non-PIN Debit Transactions, MC Credit Transactions, MC Non-PIN Debit Transactions, Discover Transactions

Table for Discount Rates: Qualified Rates (Credit, Non-PIN Debit), Mid-Qualified Rates, Non-Qualified Rates, Non-Qualified Surcharge Fee, Rewards Cards Surcharge Rate.

Table for Discount Rates: Discount Rate for MasterCard, Visa and Discover Credit and MasterCard, Visa and Discover Non-PIN Debit, Card Organization Dues/Assessments, Interchange Rate, Total Processing Rate. Includes explanatory text about processing fees.

*Please see your Important Information About Your Fees document. The Card Organization Dues/Assessments are subject to change.

** (Plus Non-Qualified Interchange Fees, See Section 19.1 of your Program Guide) Applies to Non-Qualified MasterCard, Visa, Discover Credit and/or Non-PIN Debit transactions.

Note: If you select Bundled Debit Pricing in Section 9, the Non-PIN Debit rate line items in this Section 8 are not applicable.

Table for AUTHORIZATION AND TRANSACTION FEES: Auth Fee for MC/Visa/Discover, Auth Fee for American Express.

AMERICAN EXPRESS

- Check Here American Express Discount Rate* Additional Ownership Information

*Additional American Express® Program Pricing rates also apply, which are available on the Interchange Qualification Matrix and American Express Program Pricing document (IQM) and vary based on a variety of factors including the qualification criteria met for each transaction.

ADMINISTRATIVE FEES

Table for ADMINISTRATIVE FEES: Chargeback Fee for MC/Visa/Discover, Chargeback Fee for American Express, Compliance Service Fee, Checking Account Change, ACH Reject, and Account Closure fees.

Early Cancellation Fee: * An amount equal to your Monthly Minimum Fee MC/Visa/Discover Monthly Customer Service Fee, and Monthly Account Fee multiplied by the number of months remaining in your initial term...

MONTHLY FEES

Table for MONTHLY FEES: Minimum Processing Fee, Non-Receipt of PCI Validation Fee, Monthly Customer Service Fee, Monthly Account Fee, Month End Discount Billing, Merchant Statement Fee.

*TeleCharge Merchants who receive a paper statement will be charged \$5.00 per month. To discontinue your paper statement and to receive your Monthly Settlement Statement exclusively online at no charge, you must register at www.businesstrack.com

OTHER RATES & FEES (if applicable)

Table for OTHER RATES & FEES: Voice Auth Fee, AVS Fee (per inquiry), Access Fee, Batch Closure Fee, Batch Settlement Fee, MasterCard License Volume Fee.

(9) PRODUCTS AND SERVICES FEE SCHEDULE (Charged by Processor)

CLOVER™ SERVICE

Clover Services (Per Clover Station)* \$ _____ Clover Menu Load \$ **FREE**
*You will be charged the applicable State/City/Local Sales Tax.

Menu Options: (Must select one)

- Attached (PDF, JPEG, or MS Office document)
- Available Online: Web Site (URL) (please enter URL) _____
- Will provide directly to Sales Agent
- No Menu; Merchant will build menu

INSIGHTICS™ SOLUTION

Insightics Solution Monthly Subscription \$ _____
 To register and access your Insightics™ solution today, go to www.getinsightics.com/register. To receive the Insightics solution from your Clover™ device, you must download the Insightics App from the Clover App Market and agree to those terms and conditions.

MOBILE SERVICES

Clover® Go Monthly Mobile Service \$ _____

PAYEEZY™ GATEWAY

Payeezy Gateway Payeezy Monthly Fee: \$ _____
 Payeezy Trans. Fee: \$ _____

TRANSARMOR® SOLUTION

TransArmor® Solution Monthly Subscription with Clover \$ _____
 TransArmor® Solution Monthly Subscription \$ _____

PERKA™ SOLUTION

Perka Solution Monthly Fee \$ _____
 For the Perka™ solution, Ignite Payments, LLC will provide your email address and any other information from this MPA as needed, to Perka, Inc. (Perka) and Perka will provide you with registration instructions. To receive the Perka solution, you must agree to Perka's terms and conditions. To receive the Perka solution from your Clover™ device, you must download the Perka App from the Clover App Market and agree to the Perka terms and conditions, which include the Perka solution monthly subscription fee.

ALTERNATIVE GATEWAY*

Alternative Gateway Monthly Gateway Fee: \$ _____ Gateway Transaction Fee: \$ _____
 *The Monthly Gateway Fee and Gateway Transaction Fee are required for Gateways billed by Ignite Payments.

WIRELESS

Wireless
 Monthly Wireless Access Fee: \$ _____ (per unit)

DEBIT

Debit Card Monthly Fee \$ _____
 PIN Debit / Non-PIN Debit
 PIN Debit
 PIN Debit / Non-PIN Debit Discount Rate _____ %
 PIN Debit / ATM Trans Fee \$ _____ (plus network processing fee)
 Debit Auth Fee \$ _____
 Cash-Back Limit* \$ _____ *(Cash-Back Limit only applies to PIN Debit)

ELECTRONIC BENEFITS TRANSFER (EBT)

Food Stamps Cash Benefit SNAP/FNS #: _____ Dial-Up Wireless
 EBT Auth Fee: \$ _____ Balance Inquiry Fee: \$ _____ EBT Transaction Fee: \$ _____

PETROLEUM

Pay at the Pump: Voyager Discount Rate **3.95%** Auth Fee \$ _____ Monthly Sales Vol. \$ _____
 YES NO WEX Full Service Discount Rate _____ % Auth Fee \$ _____ Chargeback Fee \$ _____ Monthly Sales Vol. \$ _____
 WEX Non-Full Svc (Discount Rate charged by WEX Inc. Please see your WEX Inc. Agreement) Auth Fee \$ _____ (per occurrence)

OTHER ENTITLEMENTS

AMERICAN EXPRESS STANDARD CARD ACCEPTANCE PROGRAM (Pass Through)*
 American Express Existing Pass Through SE Number: _____
 *You consent to us providing this information to American Express Travel Related Services Company, Inc. Please provide your American Express pass through Service Entitlement (SE) number. If you do not have a SE number, please contact American Express at 1-855-825-3297 for assistance.

EXISTING DISCOVER NETWORK
 Existing Discover Number _____
 Franchise Number _____

(10) MISCELLANEOUS FEES (if applicable)

(11) INITIAL TERM OF MERCHANT AGREEMENT

Length of Initial Term: _____ year(s) _____ month(s) _____ (Init.)

(12) THIRD PARTY AGREEMENTS

FIRST DATA GLOBAL LEASING

Equipment Name	Qty	Unit Price	Lease Term (months)**	Total Cost to Lease (per equipment)
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
Total Monthly Lease Amount*		\$ _____		
Annual Tax Handling Fee:		\$ 10.20		
Total Cost to Lease (all equipment)		\$ _____		

*Does not include taxes, late fees, or other charges that may apply – See the Equipment Lease Agreement Section of your Program Guide for details.
 **This is a non-cancellable lease for the full term indicated. First Data Global Leasing will automatically debit the Settlement Account identified on page 1 for all amounts owing under the lease. The equipment/products to be leased are referenced in the Equipment/Software section of this MPA.

Option to purchase: If you wish to buyout the equipment, please contact 1-877-257-2094. (Merchant's initials: _____)

TELECHECK®

WARRANTY TYPE (select only one):

ECA WARRANTY OR PAPER WARRANTY

- ECA® Warranty Paper Warranty Mail Order Warranty Multiple Hold Check Warranty COD Warranty

Monthly Check Volume \$ _____ Average Dollar Amount \$ _____ December Risk Surcharge **0.10%** CROC/Voice Auth Fee \$ **2.50**
 Inquiry Rate _____ % Transaction Fee \$ _____ Monthly Processing Fee \$ **5.00** Monthly Minimum Fee \$ _____
 Warranty Maximum* \$ _____ Monthly Reporting (Included at No Charge)

*Warranty maximum for ECA is \$25,000; Paper Warranty is face value of check; Vertical Market programs: Grocery is \$300; Convenience, Medical, Beauty/Barber is \$200.
 (See Agreement for definitions, warranty requirements and any additional fees.)

(12) THIRD PARTY AGREEMENTS (cont'd)

INTERNET CHECK ACCEPTANCE (ICA)

Warranty Verification
December Risk Surcharge 0.10%
Monthly Check Volume \$
Average Dollar Amount \$
of Websites/Call Centers:
Setup Fee \$
Inquiry Rate %
Transaction Fee \$
Monthly Processing Fee \$
Monthly Minimum Fee: \$
Corporate check processing service add-on selected? Yes No
Maximum Warranty (ICA): \$ 2,500.00

CHECKS BY PHONE (CBP)

Warranty Verification
December Risk Surcharge 0.10%
Monthly Check Volume \$
Average Dollar Amount \$
of Websites/Call Centers:
Setup Fee \$
Inquiry Rate %
Transaction Fee \$
Monthly Processing Fee \$
Monthly Minimum Fee: \$
Order Confirmation Letter Fee** (CBP only) \$ 0.75
Corporate check processing service add-on selected? Yes No
Maximum Warranty (CBP): \$ 5,000.00
** Opt-Out: Subscriber agrees to send written confirmation to consumer per NACHA.

Lockbox Pro21 - Verification

Monthly Check Volume \$
Average Check Size \$
Max Check Amount \$ 25,000.00
Transaction Fee \$
Monthly Minimum Fee \$
CROC/Voice Auth Fee \$ 2.50
Statement Processing Fee \$ 5.00

e-Deposit (Settlement Only)

Monthly Check Volume \$
Average Check Size \$
Max Check Amount \$ 25,000.00
Transaction Fee \$
Monthly Minimum Fee \$
CROC/Voice Auth Fee \$ 2.50
Statement Processing Fee \$ 5.00

ADDITIONAL TELECHECK INFORMATION (Required for Check By Phone Services Only)

Merchant:
1. Is a publicly traded corporation.
2. Is a subsidiary of a publicly traded corporation.
3. Is federally-insured.
4. Is a government entity.
5. Sells anti-telemarketing devices.
6. Sells "credit enhancements" services/products.
7. Sells identity theft protection services/products.
8. Sells services/products that facilitate the obtaining of grant.
9. Has annual revenues of \$
10. Has been the subject of a law enforcement or government investigation.
11. Has had any state-issued or business license revoked.
12. Has used another TEL Processor within the past two (2) years.
13. Obtains % of annual revenues from sales solicitations initiated by Company via telephone, fax or e-mail to customers for which the Company has had no existing relationship with for the past two (2) years.
14. Describe Company's specific type of business and product lines for the past two (2) years:

Term and Termination. TeleCheck will provide the TeleCheck Services selected in the TeleCheck Application for an initial term of twelve (12) months from the effective date.
Damages. Upon your breach or unauthorized termination of the TeleCheck Services, TeleCheck shall be entitled to recover from you liquidated damages in an amount equal to ninety percent (90%) of the total aggregate charges payable for the unexpired portion of the then-current term of the TeleCheck Services.
Payment. All fees and charges are due upon receipt. You authorize TeleCheck to debit from your financial institution account as provided to TeleCheck by you, all payments and other amounts owed.

(13) AGREEMENT APPROVAL

Client certifies that all information set forth in this completed Merchant Processing Application and Agreement (MPA) is true. Client acknowledges having received and read of the copy of the MPA (consisting of Sections 1-13), the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreement(s) and a Confirmation Page (version ipl1115) and agrees to be bound by all provisions as printed therein as modified from time to time.

By signing below, each of the undersigned authorizes us, our Affiliates, our third party subcontractors and/or agents and the applicable Card Organizations to verify the information contained in this Merchant Processing 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 and exchange such information amongst each other for any purpose permitted by law.

Client authorizes Ignite Payments, LLC 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.

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

I agree that if I process Card transactions, I will comply with the Program Guide for all transactions I process. The current Program Guide is available online at www.firstdata.com/ipl/merchants/operatingprocedures/ipl1115.pdf.

I understand that I also may request a copy of the Program Guide from my sales representative at any time. I further understand that a sample copy of this MPA [version number c1115wall] is available for me to view or copy online at www.firstdata.com/ipl/merchants/agreement/c1115wall.pdf.

Client agrees to all the terms of this MPA. This MPA shall not take effect until Client has been approved and this Agreement has been accepted by Ignite Payments, LLC and Bank.

Print Name of Principal or Corporate Officer
Signature (Title)
Date
Print Name of Principal or Corporate Officer
Signature (Title)
Date

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 Services 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 Services Agreement.

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

Personal Guaranty: In exchange for Ignite Payments, LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the applicable Third Party Agreement(s), the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements.

Print Name of Personal Guarantor
Signature, as an individual (No Title)
Date
Print Name of Personal Guarantor
Signature, as an individual (No Title)
Date

Ignite Payments, LLC, on behalf of itself and on behalf of Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.)

Signature X