

MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship PRIORITY MX Association
Sales Rep Name Application Date

1. GENERAL INFORMATION			2. BUSINESS LOCATION INFORMATION			3. BUSINESS STRUCTURE			Page 1 of 4		
Client's Business Name (Doing Business As)						Client's Corporate/Legal Name (Must match IRS income tax filing)					
Location Address						Corporate Address (If Different Than Location)					
City		State		Zip		City		State		Zip	
Location Phone			Location Fax			Contact Name			Contact Phone		
Customer Service Phone			Prior Security Breach? Yes <u> </u> No <u> </u>			Business Email			D&B#		
Business Website Address						Fed Tax ID # (Must match IRS income tax filing)			Tax Type		
Multiple locations? <u> </u> Yes <u> </u> No <u> </u> if Yes, enter # of locations <u> </u>						Tax Filing Name					
Additional location to existing MID <u> </u>											
Send retrieval/chargeback requests to <u> </u> Corporate Address <u> </u> Location Address						Date Business Started			Length Current Ownership		
Send monthly merchant statements to <u> </u> Corporate Address <u> </u> Location Address <u> </u> Do Not Mail											
Sole Prop <u> </u> Partnership <u> </u> LLC/LLP <u> </u> C Corp <u> </u> S Corp <u> </u> Govt. (Local/State/Federal) <u> </u> 501c/Tax Ex. <u> </u> State Filing: <u> </u>											
<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.3 of your Program Terms and Conditions (Program Guide) for further information.)					
4.OWNERS/PARTNERS/OFFICERS All Owners with up to 25% or more ownership with significant responsibility managing the legal entity must be added. 5. TRADE REFERENCE											
OWNER/PARTNER/OFFICER 1				OWNER/PARTNER/OFFICER 2				TRADE REFERENCE			
Name				Name				Business Name			
Title % Ownership %				Title % Ownership %				Business Address			
Home Address				Home Address				City State Zip			
City State Zip				City State Zip				Contact			
Telephone				Telephone				Telephone			
Social Security # Date of Birth				Social Security # Date of Birth				Account #			
Email Address				Email Address							
Prior Bankruptcies? <u> </u> Yes <u> </u> No <u> </u> Business and/or <u> </u> Personal <u> </u> Date Discharged: <u> </u>											
6. NATURE OF BUSINESS 7. TRANSACTION INFORMATION (see Section 9 American Express)											
Business Type: <u> </u> Retail <u> </u> Restaurant <u> </u> Mail/Telephone Order <u> </u> Internet <u> </u> Lodging <u> </u> Supermarket <u> </u> Government <u> </u> Petroleum <u> </u> Utilities <u> </u> Healthcare <u> </u> Education <u> </u> QSR <u> </u> Charity/Non Profit <u> </u> B2B <u> </u> Other <u> </u>											
Requested Monthly Payment Card Volume <u> </u>						Card Present Swiped <u> </u> %			Sales to Consumers <u> </u> %		
Requested Average Payment Card Ticket <u> </u>						Card Present Not Swiped <u> </u> %			Sales to Business <u> </u> %		
Requested Highest Payment Card Ticket <u> </u>						MOTO <u> </u> %			Sales to Govt. <u> </u> %		
Seasonal Merchant? <u> </u> Yes <u> </u> No <u> </u> (circle open months if yes) J F M A M J J A S O N D						Internet (Ecommerce) <u> </u> %			Days to Delivery <u> </u>		
						Previous Processor					
						Reason For Leaving					
Description of products or services sold											
Describe your return policy											
8. BANKING ACCOUNT INFORMATION											
Deposit Bank Name				Routing#		Account#			ACH Method:		
Bank Address Location				Bank Phone		<u> </u> Checking <u> </u> Savings			<u> </u> Combined <u> </u> Individual		

9. SERVICE ACCEPTANCE AND FEE SCHEDULE

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Select all card types you wish to accept (See Section 1.9 of the Program Terms and Conditions (Program Guide) for details regarding limited acceptance)

Visa Credit	Visa Non-PIN Debit	Mastercard Credit	Mastercard Non-PIN Debit	Discover Network	American Express Credit	PIN Debit
Select VI/MC/Discover Network Discount Plan: (Based on Gross Sales Volume) _____ Tiered Basic _____ Flat Rate _____ Pass Through I/C _____ Enhanced Recover Reduction (ERR) Select PinDebit Discount Plan: _____ Pin Debit Network Fee Pass-through + _____ % Markup				Discount Payment Method: _____ Daily _____ Monthly Assessments: _____ Included _____ Bill Separately (If Pass Through I/C - Assessments MUST Bill Separately) Brand Fees: _____ Included _____ Bill Separately (If Pass Through I/C - Brand Fees MUST Bill Separately)		

Discount Fees

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
Mastercard			Visa			Discover Network		
Credit Qual			Credit Qual			Credit Qual		
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
CheckCard Qual			CheckCard Qual			CheckCard Qual		
CheckCard Mid-Qual			CheckCard Mid-Qual			CheckCard Mid-Qual		
CheckCard Non-Qual			CheckCard Non-Qual			CheckCard Non-Qual		
Credit Pass Through IC			Credit Pass Through IC			Credit Pass Through IC		
CheckCard Pass Through IC			CheckCard Pass Through IC			CheckCard Pass Through IC		
ERR			ERR			ERR		

Voyager

All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and Mastercard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.

American Express

OptBlueSM

Amex Direct

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	OptBlue SM Monthly Card Volume _____	_____ Order New _____ Use Existing
Credit Qual			OptBlue SM Average Card Ticket _____	
Credit Mid-Qual			OptBlue SM Highest Card Ticket _____	CAP # _____
Credit Non-Qual			SE # _____	Existing SE # _____
Credit Pass Through IC			Select OptBlue SM Discount Plan: _____ Tiered Basic _____ Flat Rate _____ Pass Through I/C _____ Enhanced Recover Reduction (ERR)	Monthly flat fee of \$7.95 or Discount Rate may apply
ERR				

Fee applies to all American Express Programs.

**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.

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 listed in Appendix B, except Education in the following categories: Sporting & Recreation Camps (MCC 7032), Elementary & Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).

Authorization Fees

Monthly Fees

Visa/MC/Discover Network _____	Electronic AVS _____	Monthly Minimum _____	Industry Compliance _____
Amex/Fleet/Other _____	Voice Authorization _____	Wireless Fee _____	Monthly Service Fee _____
Pin Debit Authorization _____	Voice AVS _____	PIN Debit Fee _____	Misc Monthly Fee _____
EBT Authorization _____		Industry Non-Compliance Up to \$24.95	(if applicable per Section 4.8 of the Merchant Program Terms and Conditions (Program Guide))

Miscellaneous Fees

MX Merchant Fees

Sales Transaction Fee _____ (per item)	Chargeback Fee _____ (per occurrence)	MX Merchant Monthly Fee _____
Return Transaction Fee _____ (per item)	Retrieval Fee _____ (per occurrence)	MX Merchant Plan _____ Reporting _____ Basic _____ Plus _____ Premium _____ Enterprise
Batch Fee _____ (per item)	Annual Fee _____	MX Gateway Transaction Fee _____
ACH Reject Fee _____ (per occurrence)	Annual Fee Bill Month _____	Bill to _____ Statement _____ Separate

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a _____ early termination fee in accordance with Part IV, Section A.3 of the Merchant Program Terms and Conditions (Program Guide).

10. OTHER CARD TYPES

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Accept EBT	Yes	No	Order Voyager	Yes	No	Order ACH/Check Services	Yes	No
Accept EBT Cash Benefit	Yes	No	Order Wright Express	Yes	No	(Must attach addendum with app copy)		
			(Must attach Wright Express application and Debranding letter with app copy)			Order Gift Card	Yes	No
						(Must attach addendum with app copy)		

11a. EQUIPMENT / PROCESSING METHOD

Application Type	Retail	<input type="checkbox"/>	Retail w/ Tip	<input type="checkbox"/>	MOTO	<input type="checkbox"/>	Restaurant w/ Tip	<input type="checkbox"/>	Quick Serve Restaurant (no tip)	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Auto Rental	<input type="checkbox"/>
Terminal Features	Yes	No		Yes	No		Yes	No		Yes	No			
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card	<input type="checkbox"/>	<input type="checkbox"/>	Invoice/Purchase Order #	<input type="checkbox"/>	<input type="checkbox"/>						
AVS + CVV2	<input type="checkbox"/>	<input type="checkbox"/>	Server/Clerk #	<input type="checkbox"/>	<input type="checkbox"/>	Auto Close	Y	N		If yes, time?				
IP Connection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, Terminal Serial		Special Requests (Multi-Mid, Dial 9, etc):							
Wireless?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Wireless Info: MAN/Serial		SIM Card Number							

TYPE OF EQUIPMENT						PRODUCT NAME	QUANTITY	DEPLOYMENT						
Terminal	<input type="checkbox"/>	Pinpad	<input type="checkbox"/>	Printer	<input type="checkbox"/>	VAR*	<input type="checkbox"/>		Existing	<input type="checkbox"/>	Agent	<input type="checkbox"/>	New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/>	Pinpad	<input type="checkbox"/>	Printer	<input type="checkbox"/>	VAR*	<input type="checkbox"/>		Existing	<input type="checkbox"/>	Agent	<input type="checkbox"/>	New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/>	Pinpad	<input type="checkbox"/>	Printer	<input type="checkbox"/>	VAR*	<input type="checkbox"/>		Existing	<input type="checkbox"/>	Agent	<input type="checkbox"/>	New Order (attach order form)	<input type="checkbox"/>
Terminal	<input type="checkbox"/>	Pinpad	<input type="checkbox"/>	Printer	<input type="checkbox"/>	VAR*	<input type="checkbox"/>		Existing	<input type="checkbox"/>	Agent	<input type="checkbox"/>	New Order (attach order form)	<input type="checkbox"/>

*Manufacturer/product/version of PC/Internet Software

Do you use any third party to store, process, or transmit cardholder data?

Yes No

If yes, give name/address:

11b. CARD NOT PRESENT INFORMATION

If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.

1. Please submit your Product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with card holder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.

2. If Internet, please check your type of business:

Web Hosting Domain Registration Web page Design Auction Internet Service Gateway
Selling Digital Service Advertisement Selling Hard Goods Other:

If using the Internet, list encryption method, vendor, and controls used to secure transaction information

3. How will the product be advertised or promoted?

4. Billing Methods: (Check all that apply)

Monthly - % Yearly - % Quarterly - % One Time - % Hourly - %

5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased.

6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor Name, address and phone number in full:

7. Please describe how a sale takes place from beginning of order until completion of fulfillment:

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed) _____ Signature X _____

12b. Annotation

13. SIGNATURES

Client certifies true and correct and that Client has received a copy of the Program Terms and Conditions (Program Guide) (Version PPS2204) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) 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 7, Transaction Information section and Section 9, American Express above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and Wells Fargo Bank, N.A. ("BANK") and their respective 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 names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective 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. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the 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 PRIORITY and BANK.

Client's Business Principal / Officer

Signature:

Title:

Print Name:

Date:

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for PRIORITY and Wells Fargo Bank, N.A. (the Guaranteed Parties) acceptance of, as applicable, and/ or the 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:

Print Name:

Date:

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Accepted By

Priority Payment Systems, LLC

P.O. BOX 246, Alpharetta, GA 30009-0246

Wells Fargo Bank, NA,

P.O Box 6079 Concord, CA 94524

Signature X _____

Signature X _____

Title _____ Date _____

Title _____ Date _____

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Priority Payment System's privacy policy can be found at www.prioritypaymentsystems.com.

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): _____

Merchant Legal Name: _____ Merchant Federal Tax ID (as it appears on income tax return): _____ Merchant State of formation/Incorporation: _____
Merchant Address: _____ Merchant Entity Type: _____

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
<input type="checkbox"/> Control Prong (and/or additional Beneficial Owner) Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date

* For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance.
± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Authorized Signer Signature _____ Date Signed _____ Authorized Signer Printed Name _____ Processor's Rep. Signature _____ Date Signed _____ Processor's Rep. Printed Name _____