

COMPLETE SECTIONS (1-9)

Merchant #: _____ Loc. 1 of _____

BAMSBB2105NoTCK (1) TELL US ABOUT YOUR BUSINESS GP2105

Client (Your Business LEGAL Name): _____ Store #: _____

Same as Legal Name or Provide DBA/Outlet Name: _____ First/Last Contact Name: _____

Legal Physical Address (No P.O. Box allowed): _____ Suite #: _____ City: _____ State: _____ Zip Code: _____

DBA Address (No P.O. Box or Mail Address allowed. Provide official designation of your location space by lessor if space is rented or leasing space.): _____ Suite #: _____ City: _____ State: _____ Zip Code: _____

Your Business Phone: _____ Same as Business Phone or Merchant's Customer Service Phone: _____

Your Fax Phone: _____ Select One for Retrieval Requests: (02) Dedicated 24 Hour Fax (03) No fax; mail (05) eIDs

Your E-Mail Address (Required for IP): _____ Your Customer Service E-Mail Address: _____

Website Address: (Required if you have any internet sales)

(2) MASTERCARD / VISA / DISCOVER / AMERICAN EXPRESS

Your Total Cash and Credit Sales: \$ _____ Estimated Mastercard/Visa Average Ticket/Sales Amount for this Outlet: \$ _____
Total Annual Mastercard/Visa Volume: \$ _____ Estimated Discover Average Ticket for this Outlet: \$ _____
Total Annual Discover Volume: \$ _____ Annual Mastercard/Visa Volume for this Outlet: (For Multiple Outlets Only) \$ _____
Total Annual American Express Volume: \$ _____ Est. American Express Annual Sales Volume for this Outlet: (For Multiple Outlets Only) \$ _____
Highest Ticket Amount: \$ _____

(3) ENTITLEMENTS

Mastercard Visa Discover (Including Diners Club International, JCB, UnionPay and BCard)
Voyager Fleet Annual Voyager Volume: \$ _____ Participation in Voyager Tax Exempt Program: Yes No (if yes, additional request form required)
WEX Full Acquiring Annual WEX Volume: \$ _____ WEX (Non-Full Svc) Mastercard Fleet
American Express Direct: _____
Franchise Name: _____
IATA/ARC Code: _____
Check one for American Express Direct: Split Dial Single Settle EDC PIP Reverse PIP EBT (SNAP) FNS # (XREF): _____
PIN Debit Card Acceptance 7 7 7 3 6 2 0 5
Gift Card Gift Card MID #: _____ Alt MID #: _____ (A separate set-up form is required)

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month / Year Started: _____ Sole Ownership Partnership Public Corp. Private Corp. L.L.C. Franchisee Owned
Check one: TIN Type: EIN (Fed Tax ID #) SSN D&B #: _____ No. of Employees: _____

IMPORTANT IRS INFORMATION

Non-Profit Non-Profit/Tax Exempt as described in 26 USC Section 501(c)(3) OR a Tribal (Native American) government or Tribal government-owned. Gov't. Entity
NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part III, Section A.3 of your Program Guide for further information.)
Name (as it appears on your income tax return)1 Federal Tax ID #: (as it appears on your income tax return)1 I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

1 If Client is a disregarded entity under IRS regulations and has provided its owner's taxpayer filing name and Federal Tax ID above, then please attach an IRS Form W-9.

EMV/MAG Swipe % + Keyed Manually % = 100% Please provide a brief description of the product/services you sell: _____

POS Card Present (EMV/MAG Swipe and/or Manual Imprint) % + Mail Order/Direct Marketing % + Phone Order % + Internet % = 100%

Do you use any third party to store, process or transmit cardholder data? Yes No (e.g. providers of merchant gateway, electronic data capture, or Loyalty program services).

If yes, give name/address: _____

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

DBA Name: _____ Loc. **1** of _____

BAMSBB2105NoTCK **(5) PROVIDE INFORMATION ON THE OWNER(S) AND PRIMARY DECISION MAKER** GP2105

PLEASE PROVIDE INFORMATION ON THE PRIMARY DECISION MAKER AND ON INDIVIDUALS WHO OWN TWENTY FIVE PERCENT OR MORE OF YOUR BUSINESS

Owner/Primary Decision Maker Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:
Owner Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:
Owner Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:
Owner Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:
Owner Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:

(6) DESCRIBE EQUIPMENT DETAILS

Network: (206) CARDnet® () Nashville (4006) Buypass Other: _____ Specify Security Code: ()

Rental • Purchase Cust.-Owned • Lease ¹ Installment Purchase (check one)	QTY	IP	Equipment Type (i.e., Terminal/ VAR / Internet)	Retail • Restaurant • MOTO/Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petro	Model Code and Name	Unit Purchase Price (w/o Tax)	Monthly Payment Due (w/o Tax)	For Customer-Owned Equipment Track / Version / Serial #
R P C L ¹ I		<input type="checkbox"/>		<input checked="" type="checkbox"/> Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	
R P C L ¹ I		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	\$	

The Installment Purchase option allows you to make 3 equal monthly payments.

¹A separate approval by, and non-cancelable lease agreement with First Data Merchant Services LLC (through its business unit, First Data Global Leasing) are required; that lease agreement contains the terms and conditions for leased equipment.

NOTE: Any Special Instructions must be included on About Merchant's Business document.

Installation/Training:

- MAG/MIG to Train Sales Rep. to Train (Receive training via phone, 1-800-430-7162, M-F 8:00 am - 10:00 pm EST & Sat. 10:00 am - 2:00 pm EST)
 No Merchant Training Installer/In-House (Check training via phone, 1-800-366-1054, M-F 8:00 am - 10:00 pm EST & Sat. 10:00 am - 2:00 pm EST)

First/Last Contact Name: _____ Contact Phone #: _____ Best Time To Call: _____ am pm

Imprinter Purchase: Yes No If Yes \$ **50.00** x Qty: _____ = \$ _____ (w/o Tax) Wireless Provider: GPRS AT&T **or** CDMA Sprint

Check one: Gateway Solutions Dial Solutions Global Gateway Payeezy Gateway VSAT² Frame

Other: _____

VAR/Internet/Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____)

NOTE: ²Requires separate agreement between Client and its VSAT provider prior to implementation of this telecommunications protocol.

(7) INTERCHANGE PLUS PRICING SCHEDULE

(Regardless of how we describe fees to you, all fees, including any that reference a Card Organization or Debit Network name in their description, are billed by and owed to Bank of America Merchant Services.)

CARD TRANSACTION FEES

Accept all Mastercard, Visa, Discover and American Express Transactions

(presumed, unless any selections below are checked)

Mastercard Acceptance

Visa Acceptance

Discover Acceptance

- Accept Mastercard Credit transactions only Accept Visa Credit transactions only Accept Discover Credit transactions only
 Accept Mastercard Non-PIN Debit transactions only Accept Visa Non-PIN Debit transactions only Accept Discover Non-PIN Debit transactions only

See Part I, Section 1.10 of the Program Guide for details regarding limited acceptance.

DISCOUNT/FEES: NET GROSS DAILY MONTHLY

Client Initials _____

DBA Name: _____ Pricing Type: 0 0 1 Schedule Version: **BAMS.MVD.F17.2.IC_Net** Loc. 1 of _____

Global Fee Table #: **880000000279**

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(7) INTERCHANGE PLUS PRICING SCHEDULE (cont'd)

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(Regardless of how we describe fees to you, all fees, including any that reference a Card Organization or Debit Network name in their description, are billed by and owed to Bank of America Merchant Services.)

Credit & Debit Card Processing Rates:

Transaction Processing Fees^{1,2} 5.95 Cents plus 9/100th of a percent of the amount (\$0.0595 + 0.09%)

¹Applies to all Credit and Debit Card types, including Visa, Mastercard, Discover, American Express and Fleet Cards.
²American Express monthly Flat Fee or Discount Rate may apply, billed separately by American Express.

Other Fees:

Statement Fee (Internet Download):	No Charge	Site Survey:	No Charge
Optional Paper Statement Fee:	\$5.00	Terminal Programming Fee:	Not Applicable
Telephone Authorizations (VRU):	\$1.25	Batch Settlement Fee:	No Charge
Audio Response Unit (ARS):	\$0.65	Dial Fee:	\$.005 When Applicable
Address Verification Service (AVS):	No Charge	ACH Transfer Fee:	No Charge
Chargeback/Retrieval Processing Fee:	\$5.00	Client Line Reporting Package:	No Charge
Monthly Network Access Fee:	No Charge	Customer Service Help Desk:	No Charge
Merchant Application Fee:	No Charge	Administrative Fee:	No Charge
Annual Merchant Fee:	No Charge	Wire Transfer:	\$10.00
PIN Debit is pass through plus:	\$0.0595 per transaction 0.09% per transaction	TransArmor [®] Transaction Fee:	\$0.0150
		<input type="checkbox"/> Clover Security Plus - Monthly Fee (formerly known as "TransArmor Solution"):	\$19.95
		TransArmor per Device Fee ³ :	\$23.00
		<input type="checkbox"/> Online PCI Validation Access Fee:	\$10.95 per month, per MID

³ One-time fee applicable to each unit of your equipment that is (1) enabled for TransArmor Encryption, as part of the TransArmor Data Protection service or Clover Security Plus, (2) connected to a merchant point of sale network and (3) either a non-Verifone device, using the TransArmor Verifone Edition encryption method, or a Verifone device.

Card Organization Fees:

Visa Specific:

Interchange: Pass-Through

VISA Non-Pin Debit Card Assessment:	0.13%
VISA Credit Card Assessment:	0.13%
VISA APF Credit:	\$0.0195
VISA Zero Floor Limit:	\$0.20
VISA Misuse of Authorization:	\$0.09
VISA Zero Amount/AVS:	\$0.0250
VISA International Service Fee Base:	0.80%
Visa International Service Fee Enhanced:	1.20%
VISA BASE II System File Fee:	\$0.0018
VISA APF DB/PP:	\$0.0155
VISA BASE II Credit Voucher Fee Credit:	\$0.0195
VISA BASE II Credit Voucher Fee DB/PP:	\$0.0155
Visa Transaction Integrity Fee:	\$0.10
Visa Late or No Response to Dispute Fee:	\$0.50
Visa Staged Digital Wallet Fee:	\$0.10
VISA Fixed Acquirer Network Fee:	refer to interchange schedule

Mastercard Specific:

Interchange: Pass-Through

Mastercard Assessment ⁵ :	0.13%
Mastercard Per Kilobyte:	\$0.0035
Mastercard U.S. Cross-Border:	0.60%
Mastercard NW Access Auth Fee:	\$0.0195
Mastercard Processing Integrity Fee - Pre-Auth:	\$0.045
Mastercard Processing Integrity Fee - Undefined Auth:	\$0.045
Mastercard Processing Integrity Fee - Final Auth:	0.25%
Mastercard Processing Integrity Fee - Final Auth Minimum:	\$0.04
Mastercard Processing Integrity Fee - Detail Report:	\$0.015
Mastercard Acct Status Inq (Interregional):	\$0.030
Mastercard Acct Status Inq (Intraregional):	\$0.025
Mastercard AVS Card Not Present:	\$0.01
Mastercard Acquiring AVS Billing:	\$0.01
Mastercard NW Access Settle Fee:	\$0.0195
Mastercard License Volume Fee ⁶ :	0.0071%
Mastercard Merchant Location Fee:	\$1.25
Mastercard CVC 2 Fee:	\$0.0025
Mastercard SecureCode [™] Fee:	\$0.03
Mastercard Digital Enablement Fee:	0.01%
Mastercard Global Travel Transaction Program Business-to-Business Fee:	1.57%

⁵ Mastercard assesses an additional 0.01% for all consumer and commercial Credit Card transactions of \$1,000 or greater ("High Dollar Assessment").

⁶ This fee is based on a good faith effort to recover and allocate among our customers Mastercard's annual fees for licensing and third party processing and calculated by multiplying your settled Mastercard dollar volume by the above percentage rate (which rate may be adjusted to reflect changes in those Mastercard fees and/or our allocation).

Discover Card Specific

Interchange: Pass-Through

Discover Assessment:	0.13%
Discover Chargeback:	\$5.00
Discover Intl Service Fee:	0.80%
Discover Data Usage Fee:	\$0.0195
Discover Network Auth Fee:	\$0.0025

Wright Express/Voyager Fleet Cards:

Wex Sales Discount:	3.25%
Wex Refund Discount:	3.25%
Wex Chargeback Discount:	3.25%
Wex Chargeback Reversal Discount:	3.25%
Wex Chargeback Fee:	\$5.00
Wex Retrieval Fee:	\$5.00
Voyager Sales Discount:	3.95%
Voyager Credit Discount:	3.95%

Client Initials _____

DBA Name: _____

Loc. 1 of _____

(8) AGREEMENT APPROVAL

Capitalized terms used in this Merchant Processing Application and Agreement ("MPA" or "Merchant Processing Application") but not defined in this MPA have the meanings set forth in the applicable agreement within the Program Guide.

APPLICABLE TO ALL MERCHANTS: By signing below, the undersigned represents that he or she has read and is authorized to sign this Merchant Processing Application and submit it along with the About Merchant's Business document ("AMB")...

By signing below, the undersigned, for himself or herself and for and on behalf of Client, authorizes Banc of America Merchant Services, LLC ("Processor") and Bank of America, N.A. ("Bank") (together, Processor and Bank are "Servicers")...

Card Services Electronic Funding Authorization: Client hereby designates the bank account(s) identified below in the Card Banking Information subsection of this Section 8 as the Settlement Account...

Amendment of Part III; Section A.3. The parties hereto acknowledge and agree that the Early Termination Fee contemplated in Part III; Section A.3. shall not apply to Client for so long as Client is a Group Member...

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

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____

Print Name _____ Date _____

Title: President Vice President Member L.L.C. Owner Partner

Other: _____

PROCESSOR: Banc of America Merchant Services, LLC
BANK: Bank of America, N.A.
By: Banc of America Merchant Services, LLC, for itself and for and on behalf of Bank of America, N.A., pursuant to a limited power of attorney

X Signature _____

CARD BANKING INFORMATION

ACCOUNT ONE (MANDATORY)

First/Last Contact Name: _____

Phone #: _____

Bank Name: _____

Account Name: _____

ABA#: _____

Account #: _____

ACCOUNT TWO (OPTIONAL)

First/Last Contact Name: _____

Phone #: _____

Bank Name: _____

Account Name: _____

ABA#: _____

Account #: _____

For each Settlement Account listed above, please attach a voided check for the Settlement Account or a letter from the financial institution where it is maintained (if other than Bank) on that financial institution's letterhead and signed by one of its officers that includes its typed ABA number and the typed Settlement Account Number.

If you list two accounts, we will endeavor to use Account One for credits (i.e., amounts paid to you) and Account Two for debits (i.e., amounts paid to us). However, pursuant to the terms of the Merchant Agreement, Account One and Account Two is the Settlement Account and we may exercise, with respect to both Account One and Account Two, all rights related to the Settlement Account arising under the Merchant Agreement...

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(9) PERSONAL GUARANTY

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In exchange for acceptance by Banc of America Merchant Services, LLC, Bank of America, N.A. and (collectively, the "Guaranteed Parties") of the Merchant Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Merchant Agreement, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Merchant Agreement.

Signature: (Please sign below)

Signature: (Please sign below)

X _____, an individual

X _____, an individual