New Merchant Services Intake Form
Fax to 1-866-542-8629

AGENT NAME_____ **STATE** _____**AGENT PHONE NUMBER (800) 815-3123 Ext.** _____

GENERAL BUSINESS INFORMATION

LEGAL BUSINESS NAME _____ DOING BUSINESS AS _____

TYPE: ❑ Corp. ❑ Sole Prop. ❑ Partnership ❑ LLC ❑ LTD Partnership ❑ Other_____ Federal Tax ID#_____

BUSINESS ADDRESS_____CITY _____ STATE _____ ZIPCODE _____

BUSINESS PHONE # _____FAX#_____DATE BUS. STARTED (mm/yyyy)_____

DESCRIPTION OF BUSINESS _____ EMAIL ADDRESS _____

TOTAL ANNUAL SALES VOLUME $_____ AVG TICKET $ _____ HIGHEST TICKET AMOUNT $ _____

PRINCIPAL INFORMATION

FULL NAME_____ TITLE _____ OWNERSHIP % _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

TIME AT HOME ADDRESS _____ DOB:_____SOCIAL SECURITY NUMBER_____

HOME PHONE #_____ ALTERNATIVE/CELL PHONE #_____

APPLICABLE SERVICES (check all that apply)

SERVICES ORDERED

☒ VISA/MC/Discover ❑ AmEx ❑ Fleet

❑ PIN Network:$ 5.00 ❑ EBT Network:$ 5.00

❑ Check Services ❑ Gift/Loyalty

❑ PrePaid ❑ Bill Payment ❑ Age Verification

❑ Tiered ❑ ERR Rates Q:_____ % MQ:_____ % NQ:_____%

Setup Fee: $ 159.00

Swiped%_____ Keyed% _____ Shopping Cart%____

EQUIPMENT ORDERED

❑ New Terminal _____

❑ New PIN pad _____

❑ Check Reader _____

❑ Wireless _____

❑ Repro _____

❑ Other _____

❑ QQC - Opt Out — Initials _____

Terminal Connect: ❑ IP ❑ Phone ❑ WIFI

❑ WEB DESIGN

Website Setup Fee: $799.00

Monthly Domain Registry/Hosting: $ 35.00

AUTHORIZATION AND CREDIT REPORT RELEASE

My signature below authorizes the credit reporting agency to obtain information regarding my employment, savings accounts and outstanding credit account (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization, if necessary, to obtain any information regarding the above mentioned information. This Merchant Services Intake Form is supplemented by the Merchant Processing Application to follow and associated Merchant Services Program Guide which together form the Merchant Processing Agreement. All three of these documents memorialize the terms, conditions, and fees associated with the QUANTUM relationship. To better serve its merchants, QUANTUM automatically enrolls all of its merchants in its Quantum Quality Care (QQC) program. This program provides merchants with: (1) a *lifetime* warranty under the same terms as the manufacture's warranty on our leased or purchased equipment, (2) *QUANTUM* in-house Technical Support from 8:30 am — 5:00 pm CST, Monday through Friday, (3) FREE terminal supplies (including ground shipping), (4) 20% discount on peripheral equipment and, (5) free loaner equipment during warranty repairs on purchased or leased equipment. Call our Technical Support Department 800-815-3123 Ext 0 for all your QQC needs. The cost of the QQC program is only $14.95 per terminal (debited at the beginning of each month) and it WILL save you money! If you choose to *not* enroll please initial the "Opt Out QQC" box above. QUANTUM relies upon merchant processing volume to offset the costs and risks associated with a merchant processing account. Merchants with zero processing volume in a given month will be assessed a dormancy fee of $7.30 for that month (does not apply to the first month of service or seasonal holds). This fee is in addition to any minimum fees charged by the processing company and as with QQC and Manual Imprinters, is charged directly by QUANTUM. Subject to Merchant's approval for a bankcard merchant account, Merchant hereby authorizes QUANTUM, its affiliates, or its assigns, to initiate ACH debit or credit entries to Merchant's checking account as identified on the attached voided check for payment of all amounts due, including, but not limited to, QQC, Manual Imprinters and the Dormancy Assessment, where applicable, and agrees to notify QUANTUM of any change in banking information. Disputed charges must be reported to QUANTUM, in writing within 30 days of the charge date. QUANTUM is not responsible for NSF, overdrawn, or other like charges assessed to Merchant by Merchants bank as a result of ACH debit entries initiated by QUANTUM or its affiliates or assigns for payment of amounts due. Any reproduction of this credit authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

I hereby swear that all the information above is true to the best of my knowledge at the time of signing this document.

X_____ _____ _____

Principal's Acceptance Signature | Print Name | Date

MERCHANT PROCESSING APPLICATION AND AGREEMENT

Quantum Merchant Services

Sales Office _____ Print Sales Rep Name _____ Sales ID# 5497

Merchant # _____ Sales Rep. Signature _____ Phone #: (800) 815-3123

QMS1607(ia)

1. BUSINESS INFORMATION

QMSOpt31607(ia)

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: ☐ Business Location ☒ Corp/Legal Location Send Merchant Monthly Statement to: ☐ Business Location ☒ Corp/Legal Location		

☐ Assumed Name Filed: _____ State: _____

☐ CORPORATION – CHAPTER S, C State: _____

☐ MEDICAL OR LEGAL CORPORATION State: _____

☐ TAX EXEMPT ORGANIZATION (501C) State: _____

☐ INTERNATIONAL ORGANIZATION Location Filed: _____

☐ ASSOCIATION/ESTATE/TRUST State Filed: _____

☐ GOVERNMENT (Federal, State, Local)

☐ LIMITED LIABILITY COMPANY State Filed: _____

☐ PARTNERSHIP State Filed: _____

Name *(as it appears on your income tax return)*	FEDERAL TAX ID # *(as it appears on your income tax return)*	☐ 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:

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION – ALL MERCHANTS

Are you using a Vendor? ☐ Yes ☐ No If yes, please supply a copy of Vendor's report.

1. Zone: ☐ Business District ☐ Industrial ☐ Residential
2. Location: ☐ Mall ☐ Office ☐ Home ☐ Shopping Area ☐ Mixed ☐ Apartment ☐ Isolated
3. How many employees: _____
4. How many registers / Terminals: _____
5. Is proper license visible? ☐ Yes ☐ No, explain: _____
6. Where is the merchant name displayed at the site? ☐ Window ☐ Door ☐ Store Front
7. Merchant Occupies: ☐ Ground Floor ☐ Other: _____
8. # of Floors/Levels: ☐ 1 ☐ 2-4 ☐ 5-10 ☐ 11+
9. Remaining Floor(s) Occupied by: ☐ Residential ☐ Commercial ☐ Combination
10. Approximate Square Footage: ☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001 plus
11. Are customers required to leave a deposit? ☐ No ☐ Yes If Yes, % of deposit required: _____%
12. Return Policy: ☐ Full Refund ☐ Exchange Only ☐ None
13. Do you have a refund policy for MC/Visa/Discover® Network/ Amer. Express OnePoint Sales? ☐ Yes ☐ No If yes, check one: ☐ Exchange ☐ Store Credit ☐ MC/V/Discover Network/American Express OnePoint Credit

    If MC/Visa/Discover Network/American Express OnePoint Credit, within how many days do you submit credit transactions? ☐ 0-3 ☐ 4-7 ☐ 8-14 ☐ Over 14
14. Advertising Method *(Attach at least one)*: ☐ Catalog ☐ Brochure ☐ Direct Mail ☐ TV/Radio ☐ Internet ☐ Phone ☐ Newspaper/Journals ☐ Other

    Marketing Materials required for Mail Order, B to B, Internet over $1 Million in annual volume. Attach Web Page for Internet Merchant.
15. Previous Processor: _____
16. Check Reason For Leaving: ☐ Rate ☐ Service ☐ Terminated ☐ Other: _____

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

1. What % of total sales represent business to business *(vs business to consumer)*:

   Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
2. What % of bankcard sales represent business to business *(vs business to consumer)*:

   Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
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%**
4. MC/Visa/Discover Network/American Express OnePoint sales are deposited *(check one)*: ☐ Date of order ☐ Date of delivery ☐ Other *(specify)*: _____
5. Who performs product / service fulfillment? ☐ Direct ☐ Vendor ☐ 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)*:
6. Does any of your cardholder billing involve automatic renewals or recurring transactions *(i.e., cardholder authorizes initial sale only)*? ☐ Yes ☐ No

Merchant Initials: _____

QMS1607(ia)

3. COMPANY HISTORY

QMSOpt31607(ia)

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

TRADE REFERENCE 1

Vendor Name:

Address:

City: | State: | Zip:

Contact Name:

Contact Phone: | Vendor Acct. #:

TRADE REFERENCE 2

Vendor Name:

Address:

City: | State: | Zip:

Contact Name:

Contact Phone: | Vendor Acct. #:

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1

Name: *(First, MI, Last)* | % Ownership:

Title:

Home Address: *(No P.O. Box)*

City: | State: | Zip: | Country:

Telephone #: | Social Security #:

D.O.B.: | DL #: | State:

OWNER / PARTNER / OFFICER 2

Name: *(First, MI, Last)* | % Ownership:

Title:

Home Address: *(No P.O. Box)*

City: | State: | Zip: | Country:

Telephone #: | Social Security #:

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, give name/address: _____

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

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

PC/Internet Software _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
Terminal Model _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
Printer Model _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
PIN Pad _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing

LEASE COMPANY: (04) First Data Global Leasing Lease Term: 0 Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: $ 0.00 w/o taxes, late fees, or other charges that may apply – See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Address | City | State | Zip | Attention:

7. GRID INFORMATION – INTERNAL USE ONLY

MC CREDIT MPG ID _____ *8-position Alpha/Numeric*
VISA CREDIT MPG ID _____ *8-position Alpha/Numeric*
DISCOVER NETWORK CREDIT MPG ID _____ *8-position Alpha/Numeric*

MC DEBIT MPG ID _____ *8-position Alpha/Numeric*
VISA DEBIT MPG ID _____ *8-position Alpha/Numeric*
DISCOVER NETWORK DEBIT MPG ID _____ *8-position Alpha/Numeric*

AUTHORIZATION GRID ID#: 010

MC CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*
VISA CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*
DISCOVER NETWORK CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

MC DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*
VISA DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*
DISCOVER NETWORK DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

USER DEFINED GRID ID#: _____

8. TRANSACTION INFORMATION

FINANCIAL DATA

Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) $_____

Average YEARLY MC/Visa Volume $_____

Average YEARLY Discover Network Volume $_____

Average YEARLY American Express OnePoint Volume $_____

Avg. MC/Visa/Discover Network Ticket *(Estimate If Never Processed in Past)* $_____

Avg. American Express OnePoint Ticket *(Estimate If Never Processed in Past)* $_____

Highest Ticket Amount $_____

Seasonal? ☐ No ☐ Yes High Volume Months Open: _____

WHERE IS SALE TRANSACTED?

(Must = 100%)

Store Front/Swiped	_____ %
Internet	_____ %
Mail Order	_____ %
Telephone Order	_____ %
Total	100 %

QMS1607(ia) | **9. SERVICE FEE SCHEDULE** | QMSOpt31607(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: $ 0.10 *(Per Item)* | Discover Network Auth & Capture Fee: $ 0.10 *(Per Item)*

☐ American Express OnePoint/Full Service (EDC) *or* ☐ American Express ESA/Pass Through*

American Express Authorization: $_____ *(Per Item)* | American Express ESA/Pass Through SE #:

American Express Discount Rate _____% | Flat Per Transaction Fee $_____

American Express Prepaid Discount Rate _____% | Flat Per Transaction Fee $_____

☐ American Express Monthly Fee*: $ 7.95 *(Flat Fee)*

*American Express Monthly Flat Fee or Discount Rate may apply.

TransArmor Auth Fee	$ 0.00 *(Per Item)*
Voice Authorization	$ 1.00 *(Per Item)*
Electronic AVS Fee	$ 0.10 *(Per Item)*
Voice AVS Fee	$ 1.95 *(Per Item)*
ARU Fee	$ 0.50 *(Per Item)*

Miscellaneous Fees

☒ Dues and Assessments | Chargeback Fee $ 25.00 *(Per Item)* | Retrieval Fee (12B Letter) $ 15.00 *(Per Item)* | Return Trans. Fee $ 25.00 *(Per Item)*

Sales Transaction Fee $ 0.10 *(Per Item)* | Batch Fee $ 0.25 *(Per Item)* | Early Termination Fee $ 445.00 *(One Time Fee)*

EBT – Food Stamps $_____ *(Per Item)* #: _____ | EBT – Cash Benefits $_____ *(Per Item)* | Other: _____ $_____ | Annual Fee $ 99.00

MC Other Item Rate $ 0.10 | Visa Other Item Rate $ 0.10 | Discover Network Other Item Rate $ 0.10 | Amex OnePoint Other Item Rate $_____ | Amex OnePoint Other Volume _____%

Minimum Monthly Fee $ 25.00 | Monthly Statement Fee $ 10.00 *(Acct on File)* | Pass Visa Trans Integrity Fee ☒ Yes ☐ No | ACH Reject Fee $ 25.00 *(Per Item)*

Visa Proc Fee $ 0.0545 *(Per Item)* | MC Proc Fee $ 0.0545 *(Per Item)* | Visa BIN Fee $ 0.048 *(Per Item)* | MC ICA Fee $ 0.048 *(Per Item)*

MC License Fee $_____ *(Per Sales Item)* _____% *(Sales Volume)* $ 50.00 *(Flat Rate)* ☐ Monthly ☒ Annually

Visa Fixed Acquirer Network Fee (FANF) ☒ Yes ☐ No | Visa FANF Card Present Surcharge $_____ | Visa FANF Card Not Present Surcharge $_____

Visa Kilobyte Fee ☒ Yes ☐ No	Visa Kilobyte Fee Surcharge $_____	MasterCard Kilobyte Fee ☒ Yes ☐ No	MasterCard Kilobyte Fee Surcharge $_____
Pass Visa Acq Processing Fee ☒ Yes ☐ No	Pass Visa Misuse of Auth Fee ☒ Yes ☐ No	Pass Visa Zero Floor Limit Fee ☒ Yes ☐ No	Pass Visa Int'l Acquirer Fee ☒ Yes ☐ No
Pass Visa Acq ISA Fee ☒ Yes ☐ No	Pass MC Acquirer Support Fee ☒ Yes ☐ No	Pass MC Cross Border Fee ☒ Yes ☐ No	Pass MC Nat'l Acquirer Brand Usage (NABU) Fee ☒ Yes ☐ No
Pass MC Proc Integrity Fee ☒ Yes ☐ No	Pass Discover Int'l Proc Fee ☒ Yes ☐ No	Pass Discover Int'l Service Fee ☒ Yes ☐ No	Pass Discover Data Usage Charge ☒ Yes ☐ No

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

MasterCard	Visa	Discover Network
☐ MC Credit Transactions	☐ Visa Credit Transactions	☐ Discover Network Credit Transactions
☐ MC Non-PIN Debit Trans.	☐ Visa Non-PIN Debit Trans.	☐ Discover Network Non-PIN Debit Trans.

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

☒ **Discount Collected** ☐ Daily ☒ Monthly

Monthly Fees

Wireless Fee	$_____
Portfolio Mgr Fee	$_____
eMerchantView Access Fee	$_____
Customer Service Fee	$_____
Debit Access Fee	$_____
eIDS Access Fee	$_____
Supplies:	
_____	$_____
Other: _____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

TIN/TFN & Regulatory Product Fees

Reg. Product Fee	$ 4.00 (Monthly)
TIN/TFN Invalid	$ 15.00 (Monthly)
Website Usage	$ 5.00 (Per Item)
IVR Usage	$ 5.00 (Per Item)

Tiered Credit MC, Tiered Credit Visa, Tiered Credit Discover Network

Discount Fees (Based on Gross Sales Volume)

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

ERR

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

☐ Pass Through Interchange – Includes Dues and Assessments

Other Item Rate $_____ *(per item)*

Other Volume Percent *(Based on Net Volume)* _____%

	Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*
MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%

Debit MC, Debit Visa & Debit Discover Network

Bundle PCT _____% | Bundled Rate _____ *(per item)* | OR

Regulated PCT _____% | Regulated Rate _____ *(per item)* | AND | Unregulated PCT _____% | Unregulated Rate _____ *(per item)*

PIN Debit

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

TeleCheck

☐ Split Dial ☐ License # ☐ MICR ☐ ECA Warranty

☐ Mail Order ☐ Hold Check ☐ Paper Warranty ☐ C.O.D.

SE # _ _ _ _ _ _ _ _ _ _

TeleCheck Rates & Fees ☐ Yes ☒ No

See Agreement for definitions, warranty requirements and any additional fees.

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

9. SERVICE FEE SCHEDULE (cont'd)

American Express OnePoint

	Rate	Per Item
☐ Retail**	2.89 %	$ 0.10
☐ Restaurant**	3.50 %	$ 0.05
☐ Fast Food Restaurant	3.50 %	
☐ Mail Order & Internet	3.50 %	
☐ Supermarkets	2.30 %	
☐ Other Transportation	3.50 %	
☐ Lodging	3.50 %	
☐ Services, Wholesale & All Other	2.89 %	$ 0.15
☐ Education	2.50 %	
☐ Healthcare – Office Based Doctors/Dentists	2.55 %	
☐ Telecommunications	3.50 %	
☐ Telecommunications – Cable/Computer Network	3.90 %	
☐ Independent Gas Station	3.25 %	
☐ B2B	2.89 %	$ 0.15
☐ B2B Special	1.95 %	
☐ Prepaid Card	1.95 %	$ 0.20
☐ Travel Agencies/Tour Operators**	2.89 %	$ 1.95

0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs including Prepaid Cards. 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 for Retail, Restaurant, and Travel Agencies/Tour Operators key-entered programs. This fee applies to both OnePoint and ESA.

An Inbound fee of .40% will be applied to any charge made using a card, including Prepaid Cards, issued by an issuer located outside of the United States (the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions) except MCC 7032, 8211, 8351, and 8220 card transactions. This fee applies to both OnePoint and ESA.

First Data Global Gateway e4 (GGE4)

☐ GGE4 Participation GGE4 Effective Date: _____

GGE4 One Time Setup Fee	$ 99.00 (one time)	PayPal Auth Fee	$ _____ (per item)
GGE4 Monthly Fee	$ 10.00 (monthly)	PayPal Sale Fee	$ _____ (per item)
GGE4 Auth Fee	$ 0.10 (per item)	PayPal Return Fee	$ _____ (per item)
GGE4 AVS Fee	$ 0.10 (per item)		

TeleCheck

Reserved for future use

Fleet

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

QMS1607(ia)

10. SIGNATURE(S)

QMSOpt31607(ia)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide [Version OmahaWF1607] 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, TeleCheck Services Agreement, and the American Express Card Acceptance Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the TeleCheck Services Agreement and American Express Card Acceptance 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 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 from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. I understand that upon AXP's approval of the Application, 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 _____

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

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., American Express and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the American Express Card Acceptance 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 _____

PART I: CONFIRMATION PAGE

PROCESSOR INFORMATION:

Name: First Data Merchant Services

Address: 1307 Walt Whitman Road, Melville, NY 11747

URL: _____ **Customer Service #:** 1-800-858-1166

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Program Guide).
2. **We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide or see the applicable provisions of the TeleCheck Services Agreement.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20 of the Card Processing General Terms; or Section 1.14 of the TeleCheck Services Agreement.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.6), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1 of the TeleCheck Services Agreement.
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**

10. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.

b) The Bank must be a principal (signer) to the Merchant Agreement.

c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.

d) The Bank is responsible for and must provide settlement funds to the Merchant.

e) The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

a) Ensure compliance with Cardholder data security and storage requirements.

b) Maintain fraud and Chargebacks below Card Organization thresholds.

c) Review and understand the terms of the Merchant Agreement.

d) Comply with Card Organization rules.

e) Retain a signed copy of this Disclosure Page.

f) You may download "Visa Regulations" from Visa's website at: http://usa.visa.com/merchants/operations/op_regulations.html

g) You may download "MasterCard Regulations" from MasterCard's website at: http://www.mastercard.com/us/merchant/support/rules.html

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the complete Program Guide [version QMSOpt31607(ia) **] consisting of 44 pages (including this confirmation).**

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE AGREEMENT WILL BE ACCEPTED.

Client's Business Principal:

Signature ***(Please sign below):***

X _____ _____ _____

Title **Date**

_____

Please Print Name of Signer

Universal Power Marketing LLC DBA Quantum Merchant Services is a registered ISO of Wells Fargo Bank, N.A., Walnut Creek, CA.

▼ ATTACH VOIDED CHECK HERE ▼

Application will not be processed without voided check

VOIDED CHECK FROM CHECKING ACCOUNT MUST BE ATTACHED. IF FAXING, PHOTOCOPY OF VOIDED CHECK IS PERMISSABLE.