

MERCHANT ACCOUNT INSTRUCTIONS



Please open this application using Adobe Reader so all fields read correctly

Now that you're ready to get your account setup, please have all your personal, business and banking information handy and the application will take about 10 minutes. We recommend typing in the application versus hand writing just to make sure all information is readable. Once complete print out the application and sign in the proper places **(NO ELECTRONIC SIGNATURES)** and either fax, upload or scan a email all the documents to your sales representative.

Supporting Documents & Check List

Copy of voided check or a letter from the merchants' bank, verifying business name, ABA routing # and account # on bank letterhead signed by a bank representative.

A copy of a business license or articles of incorporation, or other evidence that business is a legally operating entity and confirms business name with address.

Last 3 months of processing statements from current merchant account. "Only if currently processing".

Checked all forms for correct and complete signatures and have double-checked all documentation to insure that it is accurate and complete.

If your business sells over the web make sure this information is on your website

eCommerce Requirements by Visa- Please Forward to Web Developer

- Website must be active with matching DBA from merchant application
- Customer Service number or email listed
- Return/Refund policy present
- Merchant's Privacy Statement
- Secure Order Page
- SSL Certificate
- Products/Services listed with price
- Delivery Method and Timing are clearly stated

Please fax or upload the application with all supporting documents to:



FAX-

Or



Have questions? Please call your sales rep



Upload- CLICK HERE!

MERCHANT PROCESSING APPLICATION



Agent Code

Merchant # _____ Sales Rep Signature: _____

Print Sales Rep Name: _____ Sales Rep Phone #: _____

Page 1 of 1

BUSINESS INFORMATION

Legal Business Name:		
Business DBA Name:		
Location Address:		
City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:
Mailing (d.b.a.) Address (if different from Location):		
City:	State:	Zip:
Website:		
Email:		
Contact Name:	Phone Number:	Fax Number:
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name/address:		
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests:		

Business Start Date:	State of Inc.:	Type of Business:
Current Previous Processor: <input type="checkbox"/> Yes <input type="checkbox"/> N/A If Yes, please attach 3 months most recent processing statements. Reason for Leaving: _____		
Monthly Bancard Sales:	Total Monthly Sales:	Avg. credit card trans. amount
\$	\$	\$
In Store/Card Present: _____% Credit Card Keyed (Internet): _____%		
Credit Card Keyed (MOTO): _____% Credit Card Keyed w/imprint: _____%		
Total = 100%		
Products / Services are delivered in:		
0 - 7 Days _____%		15 - 30 Days _____%
8 - 14 Days _____%		Over 30 Days _____%
Total = 100%		
Have you or any principals of your company been previously terminated by another credit card processor or Bank for Visa, MC, Discover® Network or American Express? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Reason: _____ Termination Date: _____		
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months: _____		

OWNERSHIP INFORMATION

Ownership Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____					
Name (as it appears on your income tax return)		FEDERAL TAX ID # (as it appears on your income tax return)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)	
NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.5 of your Program Guide for further information.)					
Owner 1 / Partner / Officer Name:		Title in Business:		Date of Birth:	Equity Ownership % %
Home Address:		City:		State:	Zip:
Phone Number:					
Owner 2 / Partner / Officer Name:		Title in Business:		Date of Birth:	Equity Ownership % %
Home Address:		City:		State:	Zip:
Phone Number:					

REFERENCES

Landlord Name:		Contact Name:		Phone:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Address:			City:		State:	Zip:	
Bank Name:		Date Relationship Started:		Phone:		Account #:	
Bank Address:			City:		State:	Zip:	
Trade Reference # 1 Name:		Trade Contact Name:		Phone:		Product / Service:	
Address:			City:		State:	Zip:	
Trade Reference # 2 Name:		Trade Contact Name:		Phone:		Product / Service:	
Address:			City:		State:	Zip:	

EQUIPMENT / DOWNLOAD INFORMATION

CardCo1704(ia)	CardCoWF1704(ia)	
<input type="checkbox"/> Terminal <input type="checkbox"/> First Data GG <input type="checkbox"/> SmartPay <input type="checkbox"/> Cardconnect <input type="checkbox"/> Authorize.net <input type="checkbox"/> NMI: <input type="checkbox"/> Roam Pay <input type="checkbox"/> PC Software <input type="checkbox"/> Other	Type: _____ <input type="checkbox"/> Retail VT <input type="checkbox"/> Connect/MOTO <input type="checkbox"/> API <input type="checkbox"/> E4 Features: _____ <input type="checkbox"/> VT <input type="checkbox"/> API Features: _____ Features: _____ Features: _____ *Please list all phone numbers for Roam Pay activation on separate sheet.	Is Cardconnect Activating Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No Email address for gateway welcome email: _____ Business URL for FDGG API: _____ *All gateways activated by Cardconnect require fee information to be added to page 2 of the application.

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****MUST INCLUDE A COPY OF A VOID CHECK OR BANK LETTER WITH SUBMISSION OF THIS APPLICATION****

Transit (Routing/ABA) #: _____

Checking Account #: _____

CardCo1704(ia)

SERVICE FEE SCHEDULE

CardCoWF1704(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: \$ _____ (Per Item)		Discover Network Auth & Capture Fee: \$ _____ (Per Item)		Voice Authorization \$ _____ (Per Item)
<input type="checkbox"/> American Express** or <input type="checkbox"/> American Express ESA / Pass Through*				
American Express Auth & Capture: \$ _____ (Per Item)	American Express ESA/Pass Through SE #: _____	IATA/ARC: _____ (MCC 4722 Only)		Electronic AVS Fee \$ _____ (Per Item)
American Express Discount Rate _____ %	Flat Per Transaction Fee \$ _____			
American Express Prepaid Discount Rate _____ %	Flat Per Transaction Fee \$ _____			Voice AVS Fee \$ _____ (Per Item)
<p>*American Express will charge either a Flat Fee of \$7.95 or a Discount Rate and Transaction Fee directly to the merchant. **Merchant may be converted from the American Express Program to a direct Card acceptance relationship with American Express if and when Merchant has either (i) greater than \$1,000,000 in Charge Volume in a rolling twelve (12) month prior or (ii) greater than \$1,000,000 in Charge Volume in any three (3) consecutive months (hereinafter "High CV Merchant"). Upon conversion, (i) the Merchant will be bound by American Express' then-current Card Acceptance Agreement; and (ii) American Express will set pricing and other fees payable by the Merchant for Card acceptance.</p>				Gateway Trans Fee \$ _____ (Per Item)

Miscellaneous Fees

Monthly Fees

<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee \$ _____ (Per Item)	Wireless Fee \$ _____
Return Trans. Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)	
EBT - Food Stamps \$ _____ (Per Item) #: _____		EBT - Cash Benefits \$ _____ (Per Item)	Customer Service Fee \$ _____
Other: _____ \$ _____		PCI Annual Fee \$ _____	Debit Access Fee \$ _____
Annual Fee \$ _____	Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____	eIDS \$ _____
<input type="checkbox"/> Pass MasterCard Brand Fees (Kilobyte, AVS, CVC2, Acquirer Support, Cross Border, NABU, Proc Integrity)			Supplies: Equipment Supplies Fee \$ _____
<input type="checkbox"/> Pass Visa Brand Fees (Trans Integrity, FANF, Acq Processing, Misuse of Auth, Zero Floor Limit, Int'l Acquirer, Kilobyte, ADF Non Participation, Acq ISA)			Other: Gateway Setup Fee \$ _____
<input type="checkbox"/> Discover Brand Fees (Auth, Int'l Processing Service, Data Usage)			Data Breach Fee \$ _____
Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)			Application Fee \$ _____
MasterCard Acceptance	Visa Acceptance	Discover Network Acceptance	ACH Reject Fee \$ _____
<input type="checkbox"/> Accept MC Credit Transactions <u>only</u>	<input type="checkbox"/> Accept Visa Credit Transactions <u>only</u>	<input type="checkbox"/> Accept Discover Network Credit Transactions <u>only</u>	Activation Fee \$ _____
<input type="checkbox"/> Accept MC Non-PIN Debit Trans. <u>only</u>	<input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <u>only</u>	<input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <u>only</u>	TIN/TFN & Regulatory Product Fees
See Section 1.9 of the Program Guide for details regarding limited acceptance.			Reg. Product Fee \$ _____ (Monthly)
<input type="checkbox"/> Discount Collected	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	TIN/TFN Invalid \$ _____ (Monthly)
			PCI Non-Compliance Fee \$ _____ (Monthly)

Tiered

Discount Fees (Based on Gross Sales Volume)

	Discount		Discount		Discount		Discount
MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%	American Express Qual Credit	
MC Mid-Qual Credit	%	Visa Mid-Qual Credit	%	Disc. Network Mid-Qual Credit	%		American Express Mid-Qual Credit
MC Non-Qual Credit	%	Visa Non-Qual Credit	%	Disc. Network Non-Qual Credit	%	American Express Non-Qual Credit	%
MC Worldcard Qual	%	Visa Rewards 1	%				
MC Worldcard Mid-Qual	%	Visa Rewards 2	%				
MC Worldcard Non-Qual	%						
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%		
MC Mid-Qual Debit	%	Visa Mid-Qual Debit	%	Disc. Network Mid-Qual Debit	%		
MC Non-Qual Debit	%	Visa Non-Qual Debit	%	Disc. Network Non-Qual Debit	%		
MC Regulated Debit Disc't	%	Visa Regulated Debit Disc't	%	Disc. Network Reg. Debit Disc't	%		

ERR

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

Pass Through Interchange - Includes Dues and Assessments

Other Volume Percent _____ % (Based on Net Volume)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)
	MC Qual Credit	%	Visa Qual Credit	%	Disc. Network Qual Credit	%	American Express Qual Credit	%
	MC Qual Debit	%	Visa Qual Debit	%	Disc. Network Qual Debit	%		%

PIN Debit

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

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CardCo1704(ia)

SERVICE FEE SCHEDULE CON'T

CardCoWF1704(ia)

TeleCheck

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

SE Number _____ **TeleCheck Rates & Fees** Yes No

Inquiry Rate _____% Statement/Processing Fee \$ 5.00

Dec. Risk Surcharge .10% Customer Requested Operator Call (CROC) \$ 2.50

Per TXN Fee \$ _____ ECA Chargeback Fee \$ 5.00

Monthly Minimum Fee \$ _____ (Per Location) (Only charged when entitled with TeleCheck)

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

Fleet

Wright Express: Other Item Rate \$ _____ (per item)

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

SITE VISITATION FORM

What does the business sell? _____

External Facility

Zone:

- Business District
 Industrial
 Residential

Location:

- Mall Apartment
 Office Isolated
 District Shopping Area
 Home Other

Building Levels:

- 1 2-4
 5-10 11+

Building Condition:

- New Good
 Fair Poor

Floor Occupied By Merchant:

- Ground Other

Remaining Floors Occupied By:

- Commercial
 Residential

Merchant Name Appears:

- Window Door
 Store Front

Internal Facility

Condition of Equipment:

- New
 Good
 Fair
 Poor

Merchandise On Display:

- Yes No

Square Footage:

- 0-250
 251-500
 501-2000
 2001 +

Operation Environment

of Registers: _____

of Employees: _____

Refund Policy:

- Store Credit Cash Refund
 Exchange

Card sales are processed at:

- Date of Order

 Date of Delivery

License Visibility:

- Yes No N/A

Mail / Telephone Order Environment

Merchant Accepts MO/TO: Yes No

If yes, please complete Card Not Present Addendum attached to this application.

Sales Rep Signature: _____ Date: _____

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Checking Account #: _____

CardCo1704(ia)

SIGNATURES

CardCoWF1704(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 CardCo1704(ia)] and Confirmation Page, which is part of this Merchant Processing Application, 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 Business 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 TeleCheck Services Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being "You" and "Your" for the purposes of the TeleCheck Services Agreement. If information is provided in the "New Entitlements" section of the Merchant Application, then the following shall apply:

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 CardConnect 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 CardConnect and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how AXP's protects your privacy and how AXP uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200.

I understand that upon AXP's approval of the Application, as applicable, the entity will be provided with the Agreement and materials welcoming it to AXP's Card acceptance program.

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 CardConnect and Bank.

Client's Business Principal/Officer:

Signature X _____  Title _____

Print Name of Signer _____ Date _____

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Signature X _____ Title _____

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 CardConnect, Wells Fargo Bank, N.A., and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the 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 Financial Transaction Services, LLC dba CardConnect **Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598**

Signature X _____ Signature X _____

Title _____ Date _____ Title _____ Date _____

MERCHANT PROCESSING APPLICATION

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CARD NOT PRESENT ADDENDUM MAIL / TELEPHONE ORDER / BUSINESS TO BUSINESS INFORMATION

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

Business to Business _____% + Business to Consumer _____% = 100% (total sales)

What % of bancard sales represent business to business
(vs. business to consumer):

Business to Business _____% + Business to Consumer _____% = 100% (bancard sales)

Timeframe from transaction to delivery of product/service:

Percent of orders delivered in: 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%

Visa/MasterCard/Discover Network/American Express sales are deposited (*check one*): Date of Order Date of Delivery Other (specify): _____

Method of Advertising: Catalog Brochure/Direct Mail TV/Radio Internet Phone
(attach a copy of at least one) Newspaper/Journal Other (specify): _____

Who performs product/service fulfillment? Direct Vendor If Vendor, please provide name, address & phone number:

Describe how the transaction works from order taking to merchant fulfillment:

What card transaction verification steps do you take to protect your from cardholder misuse? (i.e., address verification, call backs, etc.)

Does any of your cardholder billing involve automatic renewals or recurring transactions? (i.e., cardholder authorizes initial sale only)

 No Yes If Yes, comments:Do you have a website? No Yes If Yes, please provide website URL: www. _____

What type of data encryption do you employ to protect cardholder account numbers when they are transmitted over a public data network, from the cardholder to your merchant website?

 SET SSL (channel encryption) No encryption used

PROCESSOR INFORMATION: Name: CardConnect
 Address: 1000 Continental Drive (#600), King of Prussia, PA 19406
 URL: www.cardconnect.com Customer Service #: 1-877-828-0720

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, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 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 21, 28.7, 31.3, and 33.10 of the Card 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 24, Term; Events of Default and Section 25, 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 prior to the expiration of your initial three (3) year term, 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. 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 Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the 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.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

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 and applicable law and regulations.
- 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, (either in person, by facsimile or by electronic transmission), the Merchant Processing Application, Program Terms and Conditions [version CardCo1704(ia)] consisting of 44 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. 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 PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at: www.cardconnect.com

Client's Business Principal:

Signature (Please sign below):

X _____

SIGN HERE

Title

Date

Please Print Name of Signer _____