

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

Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

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

INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____ TAX EXEMPT ORGANIZATION (501C) State: _____ GOVERNMENT (Federal, State, Local)

CORPORATION - CHAPTER S, C State: _____ INTERNATIONAL ORGANIZATION Location Filed: _____ LIMITED LIABILITY COMPANY State Filed: _____

MEDICAL OR LEGAL CORPORATION State: _____ ASSOCIATION/ESTATE/TRUST 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 III, Section A.3 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. Your 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: _____

OmahaWF1410 **3. COMPANY HISTORY** OmahaWF1501(ia)

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

TRADE REFERENCE 1				TRADE REFERENCE 2			
Vendor Name:				Vendor Name:			
Address:				Address:			
City:		State:	Zip:	City:		State:	Zip:
Contact Name:				Contact Name:			
Contact Telephone:		Vendor Acct. #:		Contact Telephone:		Vendor Acct. #:	

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: (First, MI, Last)			% Ownership:	Name: (First, MI, Last)			% Ownership:
Title:				Title:			
Home Address: (No P.O. Box)				Home Address: (No P.O. Box)			
City:	State:	Zip:	Country:	City:	State:	Zip:	Country:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:	State:	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: _____ Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: \$ _____ 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	AUTHORIZATION GRID ID#:
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	
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)	USER DEFINED GRID ID#:
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)	

8. TRANSACTION INFORMATION

FINANCIAL DATA				WHERE IS SALE TRANSACTED? (Must = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ _____	Avg. MC/Visa/Discover Network Ticket (Estimate If Never Processed in Past)	\$ _____	Store Front/Swiped	_____ %
Average YEARLY MC/Visa Volume	\$ _____	Avg. American Express OnePoint Ticket (Estimate If Never Processed in Past)	\$ _____	Internet	_____ %
Average YEARLY Discover Network Volume	\$ _____	Highest Ticket Amount	\$ _____	Mail Order	_____ %
Average YEARLY American Express OnePoint Volume	\$ _____			Telephone Order	_____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____				Total	100 %

Merchant Initials: _____

OmahaWF1410 **9. SERVICE FEE SCHEDULE** OmahaWF1501(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: \$ _____ (Per Item)	Discover Network Auth & Capture Fee: \$ _____ (Per Item)	TransArmor Auth Fee \$ _____ (Per Item)
<input type="checkbox"/> American Express OnePoint/Full Service (EDC) or <input type="checkbox"/> American Express ESA/Pass Through		Voice Authorization \$ _____ (Per Item)
American Express Authorization: \$ _____ (Per Item)	JCB Authorization: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)
Amer. Express ESA/Pass Through SE #: _____	JCB SE #: _____	Voice AVS Fee \$ _____ (Per Item)
		ARU Fee \$ _____ (Per Item)

Miscellaneous Fees				Monthly Fees	
<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee (12B Letter) \$ _____ (Per Item)	Return Trans. Fee \$ _____ (Per Item)	Wireless Fee	\$ _____
Sales Transaction Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)		Portfolio Mgr Fee	\$ _____
EBT - Food Stamps \$ _____ (Per Item) #:	EBT - Cash Benefits \$ _____ (Per Item)	Other: \$ _____		eMerchantView Access Fee	\$ _____
Annual Fee \$ _____	MC Other Item Rate \$ _____	Visa Other Item Rate \$ _____		Customer Service Fee	\$ _____
Discover Network Other Item Rate \$ _____	Amex OnePoint Other Item Rate \$ _____	Amex OnePoint Other Volume _____ %	JCB Other Item Rate \$ _____	Debit Access Fee	\$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Account on File)		Pass Visa ACQ ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplies:	\$ _____
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	\$ _____
Pass MC Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Processing Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Pass Discover Int'l Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____

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

MasterCard Acceptance	Visa Acceptance	Discover Network Acceptance
<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>
<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>
<input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly See Section 1.9 of the Program Guide for details regarding limited acceptance.		

TIN/TFN & Regulatory Product Fees

Reg. Product Fee	\$ _____ (Monthly)
TIN/TFN Invalid	\$ _____ (Monthly)
Website Usage	\$ _____ (Per Item)
IVR Usage	\$ _____ (Per Item)

Tiered

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	%	\$	Discover Network Qual Debit	%	\$
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$	Disc. Network Mid-Qual Debit	%	\$
MC Worldcard Non-Qual	%	\$				Disc. Network Non-Qual Debit	%	\$
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Disc. Network Reg. Debit Disc't	%	\$
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$			
MC Regulated Debit Disc't	%	\$	Visa Regulated Debit Disc't	%	\$			

ERR

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

Pass Through Interchange - Includes Dues and Assessments

Other Item Rate \$ _____ (per item)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)
Other Volume Percent (Based on Net Volume) _____ %	MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%
	MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%

PIN Debit

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

American Express OnePoint

Rate	Per Item	Rate	Per Item
<input type="checkbox"/> Retail**	_____ % \$ _____	<input type="checkbox"/> Services, Wholesale and All Other	_____ % \$ _____
<input type="checkbox"/> Restaurant**	_____ % \$ _____	<input type="checkbox"/> Education	_____ %
<input type="checkbox"/> Fast Food Restaurant	_____ %	<input type="checkbox"/> Healthcare - Office Based Doctors/Dentists	_____ %
<input type="checkbox"/> Mail Order & Internet	_____ %	<input type="checkbox"/> Telecommunications	_____ %
<input type="checkbox"/> Supermarkets	_____ %	<input type="checkbox"/> Independent Gas Station	_____ %
<input type="checkbox"/> Other Transp.	_____ %	<input type="checkbox"/> B2B	_____ % \$ _____
<input type="checkbox"/> Lodging	_____ %	<input type="checkbox"/> B2B Special	_____ %

TeleCheck

Split Dial License # MICR ECA Warranty Mail Order Hold Check Paper Warranty C.O.D.

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

Inquiry Rate _____ %	ACH Processing Fee \$ 5.00
Dec. Risk Surcharge .10 %	Client Requested Operator Call (CROC) \$ 2.50
Per TXN Fee \$ _____	ECA Chargeback Fee \$ 5.00
Monthly Minimum Fee (Per Location) \$ 25.00	<i>(Only charged when entitled with TeleCheck)</i>
Stmnt/Processing Fee \$ 5.00	See Agreement for definitions, warranty requirements and any additional fees.

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

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

**0.30% downgrade will be charged for transactions whenever a CNP (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 or Internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.

Merchant Initials: _____

OmahaWF1410	10. SIGNATURE(S)	OmahaWF1501(ia)
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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 OmahaWF1410) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates 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. Client authorizes First Data Merchant Services Corporation ("FDMS") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates 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 named in this Merchant Processing Application. Client authorizes FDMS and BANK and their Affiliates (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 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.

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, 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 through the entity above, 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 understand that upon AXP's approval of the Application, the entity will be 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, 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.

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: The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, TeleCheck Services Agreement, and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement, the American Express Card Acceptance Agreement, TeleCheck Services Agreement, and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee

Signature X _____	Print Name: _____	Date _____
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Personal Guarantee

Signature X _____	Print Name: _____	Date _____
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Accepted By First Data Merchant Services Corporation

Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

Signature X _____	Signature X _____	
Title _____ Date _____	Title _____ Date _____	