

Merchant #

Agent ID # 100074

Rep # 101220 - Jason Stewart

BUSINESS NAME(S)		MERCHANT PROFILE			
Business Name/DBA		Website			
Location Address		Email			
City, State, Zip		Location #	Expected Card Sales		
		OF	MO	YR	
Contact Name		Type of Business		Type of Goods/Service Sold	
		<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> MOTO <input type="checkbox"/> E-COM			
Phone Number	Fax Number	Seasonal Sales		Average Ticket	Max Ticket
Business Legal/Mailing Name		High Volume Months		Reason for Leaving Current Processor	
Legal/Mailing Address		Current Processor <i>*If processing must include current statements with application</i>			
City, State, Zip		Method of Sales			
		Store Front _____%	Elec Data Capt _____%	B2C _____%	
Contact Name		Internet _____%	Key Ent w/Imprint _____%	B2B _____%	
		MOTO _____%	Key Entered CNP _____%		
Phone Number	Fax Number	Tradeshow _____%			
		TOTAL 100%	TOTAL 100%	TOTAL 100%	
COMPANY INFORMATION					
Ownership Type		State/Country Business Filed		Federal Tax ID	
<input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corp S,C <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt					
<input type="checkbox"/> Government <input type="checkbox"/> International Org <input type="checkbox"/> Medical/Legal Corp		Name of Previous Business			
Prior Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Business <input type="checkbox"/> Personal		Business Open Date		Length of Current Ownership	
Discharge Date					
Trade Reference 1 Name		Contact	Account Number	Phone Number	
Trade Reference 2 Name		Contact	Account Number	Phone Number	
OWNERSHIP INFORMATION					
Owner 1/Partner/Officer Name		Title		Equity Ownership %	
SSN		DOB	DL#	State Issued	
Home Address		City, State, Zip		Phone Number	
Owner 2/Partner/Officer Name		Title		Equity Ownership %	
SSN		DOB	DL#	State Issued	
Home Address		City, State, Zip		Phone Number	
SETTLEMENT INFORMATION (Voided check must accompany this application)					
Deposit Bank		City	State	Contact	Phone Number
Transit/ABA#		Deposit Account #		Date Relationship Started	
NOTES					

Accept ALL MasterCard, Visa and Discover Network Transactions presumed, unless indicated otherwise below.

- Accept MC Credit transactions only
Accept MC Non-PIN Debit transactions only
Accept Visa Credit transactions only
Accept Visa Non-PIN Debit transactions only
Accept Discover® Network Credit transactions only
Accept Discover® Network Non-PIN Debit transactions only

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

Discount Rates Rates based on Gross Transaction Volume. All rates plus Visa APF \$0.0195, Dues & Assessments 0.0925%, ISA 0.40%, IAF 0.45%, MasterCard NABU \$0.0185, Dues & Assessments 0.0950%, Cross Border 0.40%, Acquirer Support 0.55%, Discover® Network Dues & Assessments 0.0925%. See Section 35.3 of the Program Guide for early termination fees.

Table with 3 columns: Tiered Pricing, ERR Pricing, Interchange Plus Pricing. Includes fields for Debit Qual Rate, Credit Qual Rate, Mid-Qual Rate, Non-Qual Rate, I/C Plus Discount Rate, and I/C Plus Item Fee.

Table with 3 columns: Transaction Fees, Pin Debit Fees, Monthly Fees. Includes fields for AVS Fee, Wireless Auth, Gateway Auth, T&E Auth, V/MC/Disc Ntwk Credit/Debit Per Auth, Monthly Access Fee, Pin Debit Item Fee, Pin Debit Rate, Pass Ntwk Fees, Minimum Monthly Fee, Customer Service Fee, BluePay Rewards, Wireless Fee Per ID, BluePay Gateway.

Table with 3 columns: Fleet Cards, Miscellaneous Fees, Setup Fees. Includes fields for Voyager Qualified Rate, Voyager Item Fee, Online Access, Equipment, NSF/Retrvl/Chgback, PCI DSS Annual Cert, MonthlyMin, Account Setup, Gateway Setup, Wireless Setup Per ID.

First Data Global Leasing

Lease Term _____ Months Annual Tax Handling Fee: \$10.20 Total Monthly Lease Charge \$_____ w/o taxes, late fees, or other charges that may apply. See Lease Agreement for details. This is a non-cancelable lease for the full term indicated.

SIGNATURE(S)

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 BluePay1206) and Confirmation Page, which is part of this Merchant Processing Application, and by this reference incorporated herein.

Client authorizes BluePay Processing LLC and Bank and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions.

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 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 BluePay to perform services for AXP or in AXP's standard Card acceptance program.

Client authorizes BluePay and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for cost associated with equipment hardware, software and shipping.

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 BluePay Processing LLC and Bank.

Client's Business Principal/Officer:

Signature Title Signature Title

Print Name of Signer Date Print Name of Signer Date

Personal Guarantee: The undersigned guarantees to BluePay Processing LLC and Bank the performance of this 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.

Personal Guarantee

Signature Print Name Date

Personal Guarantee

Signature Print Name Date

Accepted by BluePay Processing LLC

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

Signature Signature

Date Title Date Title

BPay 1206		TERMINAL AND PROGRAMMING SPECIFICATIONS			BPay1206(ia)	
Software/Equipment Type		Quantity	Serial/Version #	SIM#	Provision	
Bluepay 2.0		1			<input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Existing	
					<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Existing	
					<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Existing	
					<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Existing	
Industry Type		Service Features	Phone System	Installation Information	Internet Gateway	Imprinter Purchase
<input type="checkbox"/> Retail <input type="checkbox"/> Retail w/Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO <input type="checkbox"/> Inet <input type="checkbox"/> Hotel <input type="checkbox"/> Cash Advance <input type="checkbox"/> QSR <i>Marketing Materials required for MOTO, B to B & Internet</i>		<input type="checkbox"/> AVS <input type="checkbox"/> CVV2 <input type="checkbox"/> Level 2 <input type="checkbox"/> Multi Merch <input type="checkbox"/> Split Dial <input type="checkbox"/> Rev PIP <input type="checkbox"/> Tips <input type="checkbox"/> Wireless <input type="checkbox"/> Store & Forward <input type="checkbox"/> Invoice/Order #	<input type="checkbox"/> Dial Up <input type="checkbox"/> High Speed <input type="checkbox"/> Dial 9 <input type="checkbox"/> Splitter <input type="checkbox"/> Manual Batch <input type="checkbox"/> Auto Batch Time _____	<input type="checkbox"/> Rep to Install <input type="checkbox"/> Rep to Supply Equipment <input type="checkbox"/> BPay to Download and Install <input type="checkbox"/> BPay to Install Only <input type="checkbox"/> Requested Install Time CST: <input type="checkbox"/> 8AM-12NOON <input type="checkbox"/> 12NOON-3PM <input type="checkbox"/> 3PM-6PM Requested Install Date: _____	<input type="checkbox"/> BluePay <input type="checkbox"/> Other _____ Shopping Cart	<input type="checkbox"/> Regular <input type="checkbox"/> Mini # of Plates _____
				Third Party Information		
				Does merchant use any third party to store, process or transmit cardholder data? (i.e. web hosting companies, EDC, Loyalty Programs) <input type="checkbox"/> Yes <input type="checkbox"/> No Please identify any company and software used for storing, transmitting or processing card transactions or authorization requests: _____		
Site Survey Information				Site Inspection Information		
Zone:		Location:		Advertising Method:		
<input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Refund Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None Deposit Required: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		<input type="checkbox"/> Mall <input type="checkbox"/> Shopping Area <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Mixed <input type="checkbox"/> Other # of Terminals _____		<input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspapers/Journals <input type="checkbox"/> Other # of Employees _____		
				Does business appear legitimate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is inventory sufficient for business type? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is business open and operating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are decals displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are goods and services delivered at time of sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Any mail or telephone order sales activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				By the signature below, signatory verifies that (i) he/she verified the legitimacy of the business; and that (ii) the information stated in this agreement is correct to the best of his/her knowledge and is as represented to him/her by MERCHANT.		
Mail/Telephone Order / Business to Business Information				Rep Signature _____		
What is the time frame from transaction to delivery? (% orders delivered in, totaling 100%): 0-7 days _____% 8-14 days _____% 15-30 days _____% over 30 days _____% MC/V/Discover® Network sales are processed: <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Delivery Other (Specify) _____				Print Name _____ Date _____		
Who performs product/service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If Vendor, list: Name _____ Phone _____ Address _____ City _____ State _____ Zip _____ Please describe how the transaction works, from order taking to merchant fulfillment. Attach additional sheet if necessary: _____ _____ _____ Where is your inventory stocked? _____ Who manufactures the product? _____ Does any of your cardholder billing involved automatic renewals or recurring transactions? (i.e. cardholder authorizes initial sale only?) <input type="checkbox"/> Yes <input type="checkbox"/> No				Additional Card Types		
				Current Amex # _____		
				<input type="checkbox"/> APPLY/ESA <input type="checkbox"/> Split Dial		
				Check Service Provider _____		
				Account # _____		
				Gift Card Provider _____		
				Account # _____		
				EBT Establishment # _____		
				ADDITIONAL TECHNICAL NOTES		