



REQUIRED DOCUMENTS

Merchant Name: _____ Date: _____

Sales Rep Name: _____ Company: _____

- APS Merchant Application
- Voided Check or Bank Letter on Bank Letterhead
- SS-4 Federal IRS Tax Document (EIN Letter)
- Copy of Driver's License or Passport
- Articles of Incorporation

PLEASE INCLUDE BELOW ITEMS FOR HIGH RISK

- 3 Months Most Recent Processing Statements
- 3 Months Most Recent Business Bank Statements
 - If new company articles should support start date of business
- 3 Months Most Recent Personal Bank Statements (if business is less than 2 years old)
- Customer Service Agreement (Call center used?)
- Fulfillment Agreement
- 10% Reserve Agreement
- CB Agreement
- CRM Agreement
- Recent (within 30 days) Utility Bill

*ALL documents are required to be submitted with the MPA as a PDF. APS will pend the boarding process if documents are not complete, ineligible, or not in compliance with APS underwriting policies and procedures.

APPLICATION FOR MERCHANT CARD PROCESSING

ISO/Sales Agent : _____	Assoc #: _____
Sales Rep Name: _____	Sales Rep Code: _____

For purposes of this application, "Processor" or "APPS" is Atlantic-Pacific Processing Systems, LLC, located at 6671 Las Vegas Blvd. South, Suite 210, Las Vegas, NV 89119 and can be contacted at (800) 635-3545. Additional information can be found on the APPS website, www.APPProcessing.com. "Merchant Bank" or "Member Bank" is Synovus Bank, d/b/a Columbus Bank and Trust Company, located at 1125 First Avenue, Columbus, GA, 31901, (706) 649-4900. Processor is a registered ISO/MSP of Columbus Bank and Trust Company.

1. BUSINESS INFORMATION

Legal Name of Business (25 characters max)	DBA Name (25 characters max)
Legal Address _____ Suite _____	DBA Address (if different than Legal) *Physical location, no PO Boxes* Suite _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Legal Phone Number _____ Legal Fax Number _____ () - () -	DBA/ Customer Service Phone Number _____ DBA Fax Number _____ () - () -
Taxpayer Identification Number:(SSN/ITIN for Sole Proprietor; EIN for others): (Must be 9 digits) EIN SSN ITIN _____	State of Incorporation/ Formation _____ Length Owned _____ Years Months
Website Address _____	MCC / SIC _____
Contact Name (Primary) _____ Title _____	Contact Phone _____ Email Address _____ () -
Contact Name (Secondary) _____ Title _____	Contact Phone _____ Email Address _____ () -

Email Address for Notices: _____
(See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)

Any prior bankruptcies? Business: Yes No If Yes, Filing Date? _____ Personal: Yes No If Yes, Filing Date? _____

Detailed business description (including description of Products or Services sold). Provide separate pages if needed:

Business type:
Retail Restaurant MOTO ___% Internet ___% Lodging Supermarket Utility Pharmacy High Risk Business to Business ___%

2. W-9 INFORMATION (AS SHOWN ON YOUR INCOME TAX RETURN.)

Taxpayer Identification Number: (as shown on your income tax return): (Must be 9 digits) EIN SSN ITIN _____	Name (as shown on your income tax return, up to 40 characters)
Address for IRS/Compliance notices: (if different than Legal Address given above) _____ City _____ State _____ ZIP _____	To consent to paperless delivery of IRS notices, please review and check the box below: <input type="checkbox"/> By checking this box, you acknowledge that you have read and agree to Consent to Paperless Delivery of Tax Related Documents and that you consent to receiving IRS notices via paperless delivery.

For purposes of paperless delivery of IRS Notices, you are required to provide a valid email address. If different from the email address already provided above please indicate the email address where you wish to receive paperless delivery of your IRS Notices. If you consent to receive IRS/Compliance notices by paperless delivery, please indicate the email address where such notices should be sent.

(Email address required) _____

Type of Ownership: Exempt Payee: Yes No

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd Liability Partnership	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Political Organization	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Non Profit Corporation	<input type="checkbox"/> Trust	

3. PATRIOT ACT COMPLIANCE/ MERCHANT BENEFICIAL OWNERSHIP AND MANAGEMENT INFORMATION

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. Complete Sections 3.I and 3.II. Note: Privacy policy with respect to the collection and use of social security numbers can be found at WWW.APPROCESSING.COM

3.I Business Form of Identification	Items Reviewed
<input type="checkbox"/> Govt. Issued Business License	Business Name: _____
<input type="checkbox"/> Tax Return	Date and Place of Issuance: _____
<input type="checkbox"/> Entity Articles	ID/IRS Employer ID: _____
<input type="checkbox"/> Business Financial Statement	Expiration Date: _____
<input type="checkbox"/> Government Entity	

3.II Beneficial Ownership and Management Information. You must provide the information below on Merchant's Sole Proprietor if the Merchant listed in Section 1 is identified as a sole proprietorship in Section 2, or on each individual (a "beneficial owner") who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant listed in Section 1 above if the Merchant is identified in Section 2 as any legal entity type other than a sole proprietorship. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50% (unless Merchant is publicly traded or a US federal or State government agency or a Nonprofit entity whose Entity Articles filed with a State are described in 3.I above). For all entity types except for sole proprietorships, information must be provided for one individual with significant responsibility for managing the Merchant legal entity identified in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Sole Proprietor or Beneficial Owner Legal Name	Title			% of Legal Entity Ownership ___%
Individual's Home (Street) Address (No P.O. Box), City, State, Zip	Phone Number	Email Address		Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID _____ ±	State/Country of Issuance	Date Issued	Expiration Date	Number of ID:
Additional Beneficial Owner Legal Name	Title			% of Legal Entity Ownership ___%
Individual's Home (Street) Address (No P.O. Box), City, State, Zip	Phone Number	Email Address		Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID _____ ±	State/Country of Issuance	Date Issued	Expiration Date	Number of ID:
Additional Beneficial Owner Legal Name	Title			% of Legal Entity Ownership ___%
Individual's Home (Street) Address (No P.O. Box), City, State, Zip	Phone Number	Email Address		Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID _____ ±	State/Country of Issuance	Date Issued	Expiration Date	Number of ID:
Additional Beneficial Owner Legal Name	Title			% of Legal Entity Ownership ___%
Individual's Home (Street) Address (No P.O. Box), City, State, Zip	Phone Number	Email Address		Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID _____ ±	State/Country of Issuance	Date Issued	Expiration Date	Number of ID:
<input type="checkbox"/> Control Prong (and/ or additional Beneficial Owner) Legal Name	Title			% of Legal Entity Ownership ___%
Individual's Home (Street) Address (No P.O. Box), City, State, Zip	Phone Number	Email Address		Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID _____ ±	State/Country of Issuance	Date Issued	Expiration Date	Number of ID:

* For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or unexpired Passport/Other ID and Country of Issuance.
± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

4. SITE SURVEY; CERTIFICATION BY SALES REPRESENTATIVE			
Site Survey: <input type="checkbox"/> On Site Visit Done by Sales Representative	<input type="checkbox"/> Sales Partner Validated	<input type="checkbox"/> No Site Performed	
Merchant's physical inventory consistent with the business signage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Site Consistent with application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
By his/her signature below the Processor's Sales Representative hereby certifies that the information listed above regarding the identity and the identification document of the Merchant legal entity listed above in Section 3.I and regarding the identity and identification document of each individual listed above in Section 3.II, is complete and correct and was personally observed on the indicated document, and that the information specified in Section 4 above regarding Site Survey is complete and correct.			
Signature of Sales Representative: _____ Printed Name: _____ Date: _____			

5. CARD PROCESSING INFORMATION

Have you ever accepted credit cards before? Yes No If yes*, what is the processor's name? _____

Have you ever been terminated by a credit card processor? Yes No *Please provide the most recent **3 months** of credit card processing statements.

Number of locations? _____ If you are affiliated with an existing account, please provide existing Merchant ID#: _____

Please check this box if you are applying for processing services for additional merchant locations. If the additional locations are under common ownership with the Merchant named herein (are the same legal entity with the same legal name) and have the same federal tax identification number and same authorized signatory, please submit the Additional Merchant Addendum as Exhibit A with this application. Please note that all additional locations, along with the Primary location, will be subject to and governed by the terms and conditions of this application and the Merchant Card Processing Agreement referenced in and included with this application. If the additional locations are not under common ownership or have varying tax identification numbers or authorized signatories, you will be required to submit a separate Application for Merchant Card Processing per location.

Do you bill your customers prior to goods being shipped? Yes No

If Yes, how many days? 0-2 days 3-30 days 31-60 days 61-90 days Over 90 days

What is your Return and Refund Policy? (Please be specific)

How do you advertise? (check all that apply) Yellow pages Telemarketing Catalog Word of mouth Publications Mass/Direct mail Internet

Other, please explain:

Please supply copies of advertising, including catalogs and brochures.

Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www.X.com, .net, .org, etc.) on each page.

Card Types Requested?*Select all that apply All Credit and Business Cards Signature Debit Transactions PIN Debit/ EBT Transactions

Opt out (list Card Brands Merchant does not wish to accept): _____

***Merchant has the right not to accept all card types or card brands. **Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, not Merchant Bank, will settle American Express, and JCB and Diners transactions.**

Credit Card Processing Methods Card Swiped Transactions _____% Manually Keyed (Card Present with Imprints) _____% Manually Keyed (Card Not Present and/or Mail Order/Telephone Order) _____% eCommerce (Card Not Present) _____% Total (must equal 100%) 100 % Business to Business (must be 0 - 100%) _____%	Do you use a third party fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and address. _____	Average Ticket Amount: \$ _____ High Ticket Amount: \$ _____	Total Credit/Debit Monthly Sales: \$ _____
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Does annual American Express volume exceed \$1,000,000?
 Yes No

Would Merchant like to receive American Express marketing materials?
 Yes No *

Seasonal Business? Yes No If Yes, indicate by "X" the months that are ACTIVE: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

List the names of each of your independent contractors or agents that will have access to, store, process, or transmit cardholder data, including online shopping carts, payment gateways, hosting companies, and order-taking services. _____

*By checking 'No' merchant opts out of receiving future commercial marketing communications with American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

6. BANKING INFORMATION

Name and Phone Number of Financial Institution	Routing Number	Bank Account Number	Type of Accounts	Use this account for*: (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings	<input type="checkbox"/> debits <input type="checkbox"/> deposits
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings	<input type="checkbox"/> debits <input type="checkbox"/> deposits

*If nothing indicated, Financial Institution #1 will be used for all ACH activity. **AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the **provided voided check** (if applicable) relating to the above account (**) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

7. TRADE REFERENCES

Trade Name	Account Number	Phone Number	Product Sold (if applicable)

8. FEE SCHEDULE					
PRICING (Select One): <input type="checkbox"/> QMNR (Tiered) <input type="checkbox"/> ERR (Differential) <input type="checkbox"/> Interchange + (*dues, fees, assessments)				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO/Internet	
Fee Category: Visa/MC/AMEX/DISC/PayPal/JCB/ Diners Cards (if applicable)	Discount Rate	Per Item Fee	Authorization Fee	Voice/ARUAuth Fee	Chargeback Fee
				\$	\$
**Plus Basis Points: (over Interchange)	%	\$	\$	AddressVerification (AVS)	Retrieval Fee
				\$	\$
Qualified Rate: (Tiered or Differential)	%	\$	\$	Batch Close Fee	Chargeback Reversal Fee
				\$	\$
Check Card Rebate: (Signature Based)	- %	\$	\$	Monthly Minimum Fee	Application Setup Fee
				\$	\$
***Mid-Qualified Surcharge: (Tiered)	+ %		\$	Monthly Maintenance Fee	Reprogramming Fee
				\$	\$
***Non-Qualified or Differential Surcharge: (Tiered or Differential)	+ %		\$	Monthly Service Fee	Annual Fee \$
				\$	Start Date:
				Other Fee	ACH Reject Fee
				\$	\$ 25.00

*Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC Acquiring License Fee, MC Account Status Inquiry Services (ASIS), Visa US Acquirer Processing Fee (APF), Visa Zero Floor Limit, Visa Misuse of the Authorization System, Visa Fixed Acquiring Network Fee (FANF), Visa Debit Integrity, Visa Auth & Settlement, Acquirer File Transaction Fee, MC Processing Integrity, I/C Acquirer Fee, Discover Data Usage, American Express Access and Processor fees may apply. Further Visa/MC/AMEX/DISC/Pay Pal mandated fees, including association Kilobyte Fees, may also apply. Batch Close Fee: All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as Visa/MC/AMEX/DISC/PayPal Trans Fees unless specified. AMEX discount rate is determined by business type. **If applying for Interchange plus, fees quoted are in addition to Processor interchange, fees, dues and assessments. Monthly Minimum Discount: Applies to Discount Rate & captured transaction fees.**Transactions that do not meet Interchange Qualifications are subject up to a 1.00% Surcharge.

Note: Processor and its contractors provide the additional products and services set forth in sections 9 and 10, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability for them.

9. ADDITIONAL SERVICES AND TERMS					
PIN Debit/EBT					
PIN Based Debit Monthly Fee	PIN Based Debit Per Item Fee	EBT Per Item Fee	<input type="checkbox"/> Cash Benefits <input type="checkbox"/> Food Stamps*** ***EBT FNS/FCS# (7 digits):		
\$	\$	\$			
*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.					
Wireless and Gateway Fees (Fees charged as applicable)					
Wireless Setup Fee (One Time/Per Terminal)	Wireless Monthly Access Fee (Per Terminal)	Wireless Transaction Fee (Additional)			
\$	\$	\$			
Gateway Setup Fee (One Time)	Gateway Monthly Access Fee (Monthly)	Gateway Transaction Fee (Additional)			
\$	\$	\$			
Additional Fees and Services (Fees charged as applicable)					
Online Portal (Monthly)	Conformance PCI 3.0 ToolKit (Monthly)	Conformance Data Incident Management (Monthly) Program (includes Breach Insurance)			
\$	\$	\$			
Other Fee _____	Merchant may be charged a non-compliance fee of \$30 per month for failure to comply with PCI Data Security Standards.				
\$					
ALL ENTITIES INVOLVED IN PAYMENT CARD PROCESSING MUST COMPLY WITH PCI DSS REQUIREMENTS.					

10. EQUIPMENT SETUP OPTIONS

Merchant Billing Descriptor

_____ * _____ * _____ *

For e-commerce merchants, Visa requires an asterisk in character 4, 8, or 13 as indicated above. Use a maximum of 21 characters for American Express, 23 characters for all others.

Industry type: Retail Retail with Tips Restaurant Restaurant with Tips MOTO/ Internet Lodging Quick Service (QSR)

Terminal Provided By: **APPS** **Agent** **Merchant** **Download Performed By:** **APPS** **Agent**

Quantity	Model/ Product Software Name	PIN Pad(s)	Communications	Stage Only
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>
			Dial <input type="checkbox"/> IP/ Dual Comm <input type="checkbox"/>	<input type="checkbox"/>

***NOTE:** If Terminals are provided by APPS, it is a requirement to submit a Purchase Order for equipment to be deployed and tested from Atlantic Pacific Processing Systems facility.*

Multi Merchant Terminal

Master TID _____

Terminal Industry Options

- Auto-Batch* (Time: _____) *Default 9:45 PM*
- Address Verification (AVS) – *Required on MOTO*
- Accounts Fraud Control (*verify the last four digits*)
- Additional Receipt Header Info (*use lines below*)
- Additional Receipt Footer Info (*use lines below*)

SPECIAL INSTRUCTIONS:

For purposes of this application, "Processor" is Atlantic-Pacific Processing Systems, LLC, 6671 Las Vegas Blvd. South, Suite 210, Las Vegas, NV 89119 and can be contacted at 1-800-635-3545 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and each individual signing below as a principal /owner of Merchant or as a Guarantor (1) certifies that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3) acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), that can be reviewed and downloaded from <https://www.approcessing.com/terms-conditions>, each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

Without limiting the generality of the foregoing, each individual signing below as a principal/owner of Merchant certifies that (i) he/she is identified in Section 3.II above, either as the sole proprietor of Merchant or as a beneficial owner and/or Control Prong of Merchant, and (ii) he/she is authorized to open accounts for Merchant at financial institutions, and (iii) all information provided in Sections 1 through 3 about the Merchant legal entity is complete and correct, and (iv) to the best of his/her knowledge, all information provided in Section 3.II about each individual listed therein is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided in Section 3.II, and (v) the information in Section 3.I regarding the identity and identification document of the Merchant legal entity, and the information in Section 3.II regarding the identity and identification document of each individual listed therein, is complete and correct and was personally observed on the indicated document.

The undersigned acknowledge that Processor (and not Merchant Bank) will settle your American Express, JCB, and Diners transactions and (a) Merchant will receive one consolidated statement from Processor that will reflect Merchant's Visa, MasterCard, American Express, and Discover transactions; (b) Merchant's American Express settlement funds will be paid at the same time and in the same manner as Merchant's Visa, MasterCard, and Discover settlement; and (c) Merchant will not have a direct relationship with American Express and the terms set forth in the MPA for American Express transactions will apply. By signing below, Merchant agrees to be bound by the American Express merchant requirements contained in the Operating Guide and for any other lawful business purposes, including commercial marketing communications purposes within the parameters of AMERICAN EXPRESS CARD ACCEPTANCE, and important transactional or relationship communications from AMERICAN EXPRESS. AMERICAN EXPRESS may use the information about MERCHANT obtained in the AGREEMENT at the time of setup to screen and/or monitor MERCHANT in connection with AMERICAN EXPRESS marketing and administrative purposes. MERCHANT agrees it may receive messages from AMERICAN EXPRESS, including important information about AMERICAN EXPRESS products, services, and resources available to its business. These messages may be sent to the mailing address, phone numbers, email addresses or fax numbers of MERCHANT. MERCHANT may be contacted at its wireless telephone number and the communications sent may include autodialed short message service (SMS or "text") messages or automated or prerecorded calls. MERCHANT agrees that it may be sent fax communications. MERCHANT may opt-out of receiving future commercial marketing communications from AMERICAN EXPRESS by not checking the "Yes" checkbox on page 3 above, or may opt out at any time by contacting Processor. Note that MERCHANT may continue to receive marketing communications while AMERICAN EXPRESS updates its records to reflect this choice. Opting out of commercial marketing communications will not preclude MERCHANT from receiving important transactional or relationship messages from AMERICAN EXPRESS. TSYS Acquiring Solutions, LLC, 1601 Dodge Street, Omaha, NE 68102, is Merchant's acquirer for American Express, or will convey American Express sales on Merchant's behalf.

IRS Certification: Each individual signing below as a principal/owner of Merchant, under penalties of perjury, certifies that (1) the Merchant's taxpayer identification number shown on this form in Section 2 is the Merchant's correct taxpayer identification number; and (2) the Merchant identified in Section 2 is not subject to backup withholding because (a) the Merchant is exempt from backup withholding, or (b) the Merchant has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Merchant that it is no longer subject to backup withholding; and (3) the Merchant identified in Section 2 is a U.S. citizen or other U.S. person as defined in the IRS Form W-9 instructions. (Certification Instructions: You must cross out and initial item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. IRS Form W-9 instructions are available from Processor upon request.)

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference. Each Guarantor further agrees that his or her liability under this Guaranty will not be limited or canceled because either Merchant Bank or Processor agrees to changes or modifications to the Merchant Agreement, with or without notice to Guarantor. Each Guarantor further agrees that: (a) Merchant Bank and Processor may delay enforcing any of its rights under this Guaranty, without losing such rights and therefore each Guarantor hereby waives any applicable Statute of Limitations; (b) Merchant Bank and Processor, and each of them, can demand payment from such Guarantor without first seeking payment from the Merchant or any other Guarantor or from any security held by the Merchant Bank, and (c) such Guarantor will pay all court costs, attorney's fees, and collection costs incurred by either Merchant Bank or Processor in connection with the enforcement of the Merchant Agreement or this Guaranty (whether or not there is a lawsuit) and such additional fees and costs as may be incurred by Merchant Bank or Processor. This is a continuing Guaranty and shall not be discharged or affected by the death of the undersigned, shall bind the heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Merchant Bank or Processor.

MERCHANT SIGNATURES **GUARANTOR SIGNATURES**

The Internal Revenue Service does not require your consent to any provision of this Document other than the certifications required to avoid backup withholding. See "IRS Certification" above

X 1) Principal/Owner for Merchant Date

 Print Name Title

X 1) Guarantor Signature Date

 Print Name Title

X 2) Principal/Owner for Merchant Date

 Print Name Title

X 2) Guarantor Signature Date

 Print Name Title

FOR INTERNAL USE

X 1) Accepted By Processor Date

 Print Name Title

X 1) Accepted By Merchant Bank

 Print Name Title

VISA DISCLOSURE PAGE

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank
Address: 1125 First Avenue
Columbus, GA 31901
Phone: 706-649-4900

Important Member Bank Responsibilities

- 1. A Visa Member is the **only entity** approved to extend acceptance of Visa products directly to a Merchant.
- 2. A Visa Member must be a principal party to the Merchant Card Processing Agreement.
- 3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
- 4. The Visa Member is responsible for all funds held in reserve that are derived from settlement.
- 5. The Visa Member is responsible for educating Merchants on any Visa Core Rules and Visa Product and Service Rules with which Merchants must comply during the course of operation.

Important Merchant Responsibilities

- 1. Ensure compliance with cardholder data security and storage requirements.
- 2. Maintain fraud and chargebacks below thresholds.
- 3. Review and understand the terms of the Merchant Card Processing Agreement.
Download a copy from APPS's website at:
<https://www.approcessing.com/terms-conditions>
- 4. Comply with Visa Core Rules and Visa Product and Service Rules.

The responsibilities listed above do not supersede the terms of the Merchant Card Processing Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant experience any problems.

Merchant Information (* = Required)

*Business Legal Name (Printed): _____

*Business Address: _____

*Business Phone: _____

*Signature of Owners or Officers: _____

*Printed Name of Owners or Officers: _____

*Title: _____

*Date: _____