

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 Add) *Physical location, no PO Boxes* Suite
City State ZIP	City State ZIP
Legal Phone Number Legal Fax Number () - () -	DBA Phone Number DBA Fax Number () - () -
Email Address for Notices: _____ (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)	
Customer Service Phone Number () -	Length Owned: _____
Website Address: _____	_____ Years _____ Months
Preferred Address for:	
Statements? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address	
Chargebacks? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____	
<input type="checkbox"/> Email Address _____	
Contact Name: _____	Title _____ Phone _____
Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____ Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____	
Business type: <input type="checkbox"/> Retail <input type="checkbox"/> Retail with Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Utility <input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Business to Business _____%	
Detailed business description (including description of Products or Services sold). Provide separate pages if needed: _____	
MCC / SIC _____	

2. W-9 INFORMATION (Input information as shown on your income tax return.)	
Taxpayer Identification Number: (Must be 9 digits) _____ <input type="checkbox"/> EIN <input type="checkbox"/> Social Security Number or <input type="checkbox"/> 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:	
<input type="checkbox"/> Sole Proprietorship, Date of Birth _____ Exempt Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Political Organization <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Professional Association <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non Profit Corporation	

3. OWNER AND OFFICER INFORMATION				
NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.APPPROCESSING.COM.				
Name of Owner/Officer and Title	Social Security Number	Percent Owned	Residential Address, City, State, Zip	Residential Phone Number
_____	_____	_____%	_____	_____
_____	_____	_____%	_____	_____

4. PATRIOT ACT COMPLIANCE / SITE SURVEY			
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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Section I and II for all business types except if a Government Entity where only Section I is required. In Section II, Driver's License required - use other ID only if no Drivers License issued. Completion of Section III by Sales Representative is required.			
Section I: Business Form of Identification	Items Reviewed	Section II: Individual Form of Identification	Items Reviewed
<input type="checkbox"/> Govt. Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Government Entity	Business Name: _____ Date and Place of Issuance: _____ ID/IRS Employer ID: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID	Name: _____ Date of Birth: _____ DL/ID#: _____ Date of Issuance: _____ State/Country of Issuance: _____ Expiration Date: _____
Section III: <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			
Signature of Sales Representative*: _____		Printed Name: _____ Date: _____	
*By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, as applicable.			

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 Card 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, PayPal™ In-Store, and JCB and Diners transactions.**

Credit Card Processing Methods		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: \$ _____	Total Credit/Debit Monthly Sales: \$ _____
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%) _____ %			

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 Jun Jul Aug Sep 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 (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Type of Accounts	Use this account for*: (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> debits <input type="checkbox"/> daily discount OR <input type="checkbox"/> monthly billing <input type="checkbox"/> deposits
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> debits <input type="checkbox"/> daily discount OR <input type="checkbox"/> monthly billing <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"/> QMNRC (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/PP/JCB/ Diners Cards (if applicable)	Discount Rate	Per Item Fee	Authorization Fee	Voice/ARU Auth Fee	Chargeback Fee
Plus Basis Points: (over Interchange)	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
Qualified Rate: (Tiered or Differential)	_____ %	\$ _____	\$ _____	Address Verification (AVS)	Retrieval Fee
Check Card Rebate: (Signature Based)	- _____ %	\$ _____	\$ _____	Batch Close Fee	Chargeback Reversal Fee
Mid-Qualified Surcharge: (Tiered)	+ _____ %	\$ _____	\$ _____	Monthly Minimum Fee	Application Setup Fee
Non-Qualified or Differential Surcharge: (Tiered or Differential)	+ _____ %	\$ _____	\$ _____	Monthly Maintenance Fee	Reprogramming Fee
				Monthly Service Fee	Annual Fee: \$ _____ Start Date: _____
				Other:	ACH Reject Fee
				\$ _____	\$ 25.00

Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC license fee, Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system, Visa FANF, Visa debit integrity, MC processing integrity, Discover data usage, American Express Access and System Processing fees may apply. Further Visa/MC/AMEX/DISC/PP mandated fees, including association Base II and 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/PP Trans Fees unless specified. *AMEX discount rate is determined by business type. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. Qualified T&E Surcharge of .60% will apply to T&E merchant transactions.

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

ACH Processing (ACH Addendum required) Check Services (Additional Application required)

PIN Debit/EBT PIN Based Debit Application Fee PIN Based Debit Monthly Fee PIN Based Debit Per Item Fee* EBT Per Item Fee Cash Benefits Food Stamps***

*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.

Wireless and Gateway Fees (Fees charged as applicable)

Wireless Setup Fee SIM Card Wireless Monthly Access Fee Wireless Transaction Fee Other Wireless Fee Other Gateway Fee Gateway Setup Fee Gateway Monthly Access Fee Gateway Transaction Fee

Additional Fees and Services (Fees charged as applicable)

G2 Service Fee Merchant Activity Portal Other Fee Conformance PCI 3.0 ToolKit Conformance Data Incident Management Program Bundle

ALL ENTITIES INVOLVED IN PAYMENT CARD PROCESSING MUST COMPLY WITH PCI DSS REQUIREMENTS. Merchant may be charged a non-compliance fee of \$30 per month for failure to comply with PCI Data Security Standards.

10. EQUIPMENT SETUP OPTIONS

NOTE: All terminals require an analog (non-digital) telephone line in order to perform the initial download.

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 Hypercom terminals, 25 characters for all others. Do not include a phone number.

Customer Service Phone: () Sharing Terminal with: _____

Industry: Retail Retail w/Tip Restaurant MOTO/Internet Quick Service (QSR) Lodging Processing Equipment: Merchant Owned Agent Supplied Purchased from APPS - Deploy to: Agent Merchant File Built/Completed: APPS Agent Download Performed: APPS Agent

TERMINALS

Models Hypercom T7P Friction Thermal Hypercom T7Plus 256K 512K 1M/SPOS Optimum T4205 Optimum T4210 Optimum T4220 Dial IP/Dual Comm Ingenico iCT220 Dial IP/Dual Comm Ingenico iCT250 Dial IP/Dual Comm Nurit 2085 / 2085+ Nurit 8320 Nurit 8400 / 8400L Verifone Omni 3730LE Verifone Omni Vx510LE Verifone Omni Vx510 Dial IP/Dual Comm Verifone Omni Vx520 Dial IP/Dual Comm Verifone Omni Vx570 Dial IP/Dual Comm

TERMINAL PERIPHERALS

PIN Pad(s) 1000SE 1300 iPP220 Internal

TERMINAL OPTIONS

Auto-Batch* (Time:) Default 9:45 PM Feature not available for wireless devices, gateways, and other software Dial Prefix (8 9) 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)

POS / SOFTWARE / GATEWAYS

Connection Method: PC Modem IP/Internet Product Name: Software Version #: Vendor Name: Support Phone #: Mag Swiper (Brand/Model:) Recurring Billing # MOBILE PAY (wireless #:) Android Phone (Model:) iPhone / iPad (Model:)

Wireless Models * Requires SIM# & S/N# for GPRS -or- ESN Hex# & S/N# for VZW/Sprint Nurit 8010 8020 [AT&T (GPRS)] Verifone Vx610 Verizon Sprint AT&T (GPRS) Verifone Vx670 [AT&T (GPRS)] Radio S/N #: ESN Hex #: SIM Card #:

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, under penalty of perjury, 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"), 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.

The undersigned acknowledge that Processor (and not Merchant Bank) will settle your American Express, PayPal In-Store, 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 auto dialed 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 2 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.

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.

MERCHANT SIGNATURES

GUARANTOR SIGNATURES

X 1) _____
Principal/Owner for Merchant Date

Print Name Title

X 2) _____
Principal/Owner for Merchant Date

Print Name Title

X 3) _____
Principal/Owner for Merchant Date

Print Name Title

X 1) _____
Guarantor Signature Date

Print Name

X 2) _____
Guarantor Signature Date

Print Name

X 3) _____
Guarantor Signature Date

Print Name

FOR INTERNAL USE ONLY

X) _____
Accepted by Processor Date

Print Name Title

X) _____
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 (signatory) 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.
 You may download a copy from APPS's website at:
<http://aprocessing.com/About/termsandconditions>
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: _____