

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 IV, Section A.4 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.

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</p> <p>3. How many employees: _____</p> <p>4. How many registers / Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>13. Do you have a refund policy for MC/Visa/Discover® Network/ Amer. Express OnePoint Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> 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? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. Advertising Method (Attach at least one): <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"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i></p>	<p>15. Your Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>Mail / Telephone Order / Business to Business / Internet Information <i>(All Questions must be Answered)</i></p> <p>1. What % of total sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>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%</p> <p>4. MC/Visa/Discover Network/American Express OnePoint sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> 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): _____ _____ _____</p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Merchant Initials: _____

OmahaWF1507	3. COMPANY HISTORY				OmahaWF1510
Date Business Started: _____		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal			
TRADE REFERENCE 1			TRADE REFERENCE 2		
Vendor Name: _____			Vendor Name: _____		
Address: _____			Address: _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Contact Name: _____			Contact Name: _____		
Contact Phone: _____	Vendor Acct. #: _____		Contact Phone: _____	Vendor Acct. #: _____	
4. OWNERS / PARTNERS / OFFICERS					
OWNER / PARTNER / OFFICER 1			OWNER / PARTNER / OFFICER 2		
Name: <i>(First, MI, Last)</i> _____		% Ownership: _____	Name: <i>(First, MI, Last)</i> _____		% Ownership: _____
Title: _____			Title: _____		
Home Address: <i>(No P.O. Box)</i> _____			Home Address: <i>(No P.O. Box)</i> _____		
City: _____	State: _____	Zip: _____	Country: _____	City: _____	State: _____
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: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate <i>(defaults to Combined if option not selected)</i>					
6. EQUIPMENT/THIRD PARTY INFORMATION					
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North <input type="checkbox"/> Nashville <input type="checkbox"/> Buypass					
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give name/address: _____					
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____					
INTERNET GATEWAY: <input type="checkbox"/> First Data Global Gateway <input type="checkbox"/> Other: _____			Wireless Network: _____		
PC/Internet Software _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
Terminal Model _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
Printer Model _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
PIN Pad _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> 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 _____	VISA CREDIT MPG ID _____	DISCOVER NETWORK CREDIT MPG ID _____	AUTHORIZATION GRID ID#: _____		
MC DEBIT MPG ID _____	VISA DEBIT MPG ID _____	DISCOVER NETWORK DEBIT MPG ID _____			
MC CREDIT TIERED GRID ID _____	VISA CREDIT TIERED GRID ID _____	DISCOVER NETWORK CREDIT TIERED GRID ID _____	USER DEFINED GRID ID#: _____		
MC DEBIT TIERED GRID ID _____	VISA DEBIT TIERED GRID ID _____	DISCOVER NETWORK DEBIT TIERED GRID ID _____			
8. TRANSACTION INFORMATION					
FINANCIAL DATA				WHERE IS SALE TRANSACTED? <i>(Must = 100%)</i>	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Avg. MC/Visa/Discover Network Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____			Store Front/Swiped _____%	
Average YEARLY MC/Visa Volume \$ _____	Avg. American Express OnePoint Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____			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: _____

9. SERVICE FEE SCHEDULE

OmahaWF1507	9. SERVICE FEE SCHEDULE		OmahaWF1510
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)		Electronic AVS Fee \$ _____ (Per Item)	
American Express ESA/Pass Through SE #: _____		Voice AVS Fee \$ _____ (Per Item)	
*American Express will charge either a Flat Fee of \$7.95 or a Discount Rate and Transaction Fee directly to the merchant.		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 \$ _____	
MC Other Item Rate \$ _____	Visa Other Item Rate \$ _____	Discover Network Other Item Rate \$ _____	Amex OnePoint Other Item Rate \$ _____	Amex OnePoint Other Volume _____%	Customer Service Fee \$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Acct on File)	Pass Visa Transaction Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	ACH Reject Fee \$ _____	Debit Access Fee \$ _____	
Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa FANF Card Present Surcharge \$ _____		Visa FANF Card Not Present Surcharge \$ _____	
Pass Visa Acq 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 Visa Acq ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	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 Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Proc 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 <i>only</i>	<input type="checkbox"/> Accept Visa Credit Transactions <i>only</i>	<input type="checkbox"/> Accept Discover Network Credit Transactions <i>only</i>
<input type="checkbox"/> Accept MC Non-PIN Debit Trans. <i>only</i>	<input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <i>only</i>	<input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <i>only</i>

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

Discount Collected Daily Monthly

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)

Merchant Initials: _____

American Express OnePoint		Rate	Per Item
<input type="checkbox"/> Retail**	_____ %	\$ _____	
<input type="checkbox"/> Restaurant**	_____ %	\$ _____	
<input type="checkbox"/> Fast Food Restaurant	_____ %		
<input type="checkbox"/> Mail Order & Internet	_____ %		
<input type="checkbox"/> Supermarkets	_____ %		
<input type="checkbox"/> Other Transp.	_____ %		
<input type="checkbox"/> Lodging	_____ %		
<input type="checkbox"/> Services, Wholesale and All Other	_____ %	\$ _____	

**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.
 An inbound fee of .40% will be applied to any charge made using a card issued by an issuer located outside of the United States.

TeleCheck		Rate	Per Item
<input type="checkbox"/> Split Dial	<input type="checkbox"/> License #		
<input type="checkbox"/> Mail Order	<input type="checkbox"/> Hold Check		
<input type="checkbox"/> MICR	<input type="checkbox"/> Paper Warranty		
<input type="checkbox"/> ECA Warranty	<input type="checkbox"/> C.O.D.		

SE Number _____

TeleCheck Rates & Fees Yes No

Inquiry Rate	_____ %	Stmt/Processing Fee	\$ 5.00
Dec. Risk Surcharge	.10 %	ACH Processing Fee	\$ 5.00
Per TXN Fee	\$ _____	Client Requested Operator Call (CROC)	\$ 2.50
Monthly Minimum Fee (Per Location)	\$ 25.00	ECA Chargeback Fee	\$ 5.00

(Only charged when entitled with TeleCheck)

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

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

OmahaWF1507 **10. SIGNATURE(S)** OmahaWF1510

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 OmahaWF1507) 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, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.
Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by 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: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A., American Express and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the American Express Card Acceptance Agreement and/or the TeleCheck/TRS Services Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature X _____	Print Name: _____	Date _____
Personal Guarantee Signature X _____	Print Name: _____	Date _____

Accepted By 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 _____