

NEW MERCHANT APPLICATION

1	MERCHANT INFORMATION		
◆ DBA NAME:			◆ DBA PHONE #:
CORPORATE NAME (IF DIFFERENT THAN ABOVE):			◆ DBA FAX #:
CONTACT NAME:		DBA ADDRESS 1 (NO PO BOX):	
◆ DBA ADDRESS 2:		YEAR ESTABLISHED:	
◆ CITY:	◆ STATE:	◆ ZIP CODE:	◆ LENGTH OF CURRENT OWNERSHIP: YEARS, MONTHS
◆ BUSINESS COUNTRY OF ORIGIN (HEADQUARTERED):			
▶ GEOGRAPHY FOOTPRINT (ALL COUNTRIES LICENSED TO DO BUSINESS): USA,			
◆ BUSINESS SCOPE OF OPERATIONS (TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA):			
◆ EMAIL ADDRESS:		MOBILE PHONE #:	
<input type="checkbox"/> Yes! I authorize Elavon and Member to send me text and e-mail messages for marketing purposes. I agree to receive autodialed calls and texts, and e-mail messages, from Elavon and Member at the mobile phone number and e-mail address I have provided for this purpose. Messages and data rates may apply. I understand that I am not required to provide my consent as a condition of using any Elavon or Member services. I also understand that Elavon and Member may send text and e-mail messages to the mobile phone number and e-mail address I have provided as part of servicing my account without my consent.			
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
DBA NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:		CITY:	STATE: ZIP CODE:
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN MERCHANTS ONLY – MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
CHARGEBACKS: MAIL To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP ON THE ADDITIONAL OWNERSHIP FORM)		
◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %		<input type="checkbox"/> AUTHORIZED SIGNER <input checked="" type="checkbox"/> RESPONSIBLE PARTY	
◆ FIRST NAME:	▶ MIDDLE NAME:	◆ LAST NAME:	◆ SSN#:
◆ HOME ADDRESS:			◆ DOB:
◆ CITY:	◆ STATE:	◆ ZIP CODE:	▶ HOME PHONE #:
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
▶ HOME ADDRESS:		▶ CITY:	▶ STATE: ▶ ZIP CODE:
◆ PRIMARY IDENTIFICATION DOCUMENT:		◆ DOCUMENT ISSUING AGENCY:	
◆ DOCUMENT #	▶ ISSUE DATE:	▶ EXPIRY DATE	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.			<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH
INDIVIDUAL ID EXEMPTION CLASS:			
SOLE PROPRIETORS ONLY:			
▶ OCCUPATION:		▶ EMPLOYER (OR DBA):	
▶ COUNTRY OF PERMANENT RESIDENCE:		▶ COUNTRY(S) OF CITIZENSHIP:	
OTHER MERCHANT INFORMATION			
◆ AVERAGE SALE AMOUNT: \$		◆ CARD PRESENT 0 %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$		◆ CARD NOT PRESENT* 100 %	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Alarm Services and Monitoring		◆ INTERNET* _____ %	
SPECIAL PROGRAM MCC ONLY: 7393		(MUST TOTAL 100%)	
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, 0 # OF DAYS (INCLUDE SHIPPING TIME FRAME)		*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
▶ INTERNET : PRODUCT WEBSITE:		▶ CUSTOMER SERVICE PHONE #:	
▶ INTERNET: "CONTACT US" EMAIL:		▶ PREVIOUS PROCESSOR:	
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
		<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)			
◆ DEPOSIT BANK NAME:		◆ ABA/ROUTING #:	◆ DDA ACCOUNT #:
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):		ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT):			

_____ Initials

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)					PRICING CATEGORY				
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, DI)/AMEX <input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER (JCB, DI) <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX					<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU				
PRICING INFORMATION							FEES		
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.									
<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS		VISA	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE	\$0	
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING	\$0	
QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	WIRELESS SET-UP	\$0	
MID QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ACCOUNT MAINTENANCE	\$0	
NON QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	CHARGEBACK (PER OCCUR)	\$25.00	
OTHER TIER		<input type="checkbox"/> CHECK CARD (T-opt /EIC-req) <input type="checkbox"/> SPRMKT (T-opt/EIC-NA) <input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)						RETURN ITEM FEE/NSF (PER OCCUR)	\$20.00
		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ANNUAL FEE START DATE: 6 mos. after	\$30.00	
REWARDS TIER (T-opt / EIC-req)		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY SERVICE FEE	\$10.00	
COMMERCIAL CARD TIER (T-opt /EIC-req)		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY MINIMUM	\$0	
OTHER: \$		OTHER:	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	VERIZON DATA PLAN OVERAGE (PER MB)	\$	
			RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER: DBA/DDA Change	\$20.00	
MARKUP		<u>.20 % + \$0.03</u>	<u>.20 % + \$0.03</u>	<u>.20 % + \$0.03</u>	<u>.20 % + \$0.03</u>	<u>1.00 % + \$0.03</u>	OTHER:	\$	
<input type="checkbox"/> DIFFERENTIAL		VISA	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	STATEMENT: <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER		
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	PRICING PROGRAMS		
QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONETARY PRICING PROGRAM: 04125		
NON QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	AUTH PRICING PROGRAM: 49115		
							EQUIPMENT: 59999		
							MISCELLANEOUS: 59999		
AUTHORIZATIONS (PER OCCURRENCE)							SAFE T SERVICES BUNDLE		
VISA	\$ <u>.20</u>	UNIONPAY	\$ <u>.20</u>	VOICE AUTH TOUCH TONE	\$ <u>.65</u>		<input checked="" type="checkbox"/> ASSOCIATION COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD <small>Per month, taxes and other fees may apply, see merchant representation and certifications)</small>		
MASTERCARD	\$ <u>.20</u>	WEX	\$ <u>0</u>	VOICE- OPERATOR ASSISTED	\$ <u>.95</u>				
DISCOVER	\$ <u>.20</u>	DIAL COMMUNICATION	\$ <u>.10</u>	VOICE – WITH AVS	\$ <u>2.20</u>				
AMEX	\$ <u>.20</u>	OTHER:	\$ <u>0</u>	VOICE – BANK REFERRAL	\$ <u>4.40</u>				
OTHER CARD TYPES EXISTING					PIN DEBIT				
AMEX	SE# (10 DIGITS)	PER AUTH: \$			MONETARY PRICING: MARK UP: ___ % + \$ ___ PER ITEM PASS THRU: IC DIFF (DEFAULT) <input type="checkbox"/> PASS THRU: IC PLUS AUTHORIZATION PRICING: MARK UP: \$ ___ PER AUTH (Assoc) <small>(ALL DEBIT NETWORK FEES WILL BE PASSED THROUGH AT COST)</small>				
OTHER:	SE #:	PER AUTH: \$							
EBT	SE # (7 DIGITS):	PER AUTH: \$							
<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.) <input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)									
POINT OF SALE (EQUIPMENT OR SOFTWARE)									
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER					# OF TIDS:		COMMUNICATION METHOD (IP DEFAULT): <input type="checkbox"/> DIAL		
VAR SERVICE PROVIDER (HOSTED):			VAR VENDOR (DISTRIBUTED):			GATEWAY (OPTIONAL):			
			VAR PRODUCT:			VAR VERSION:			
QTY	POS DESCRIPTION	EQUIP. CODE	PRICE PER UNIT	MONTHLY FEE	PER AUTH	PURCHASE	EXISTING	EXCHANGE	
1	VAR	VAR	\$0	\$0	\$0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)									
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR					ELAVON BILLS ONE TIME FEES				
<small>Elavon and Member have no responsibility for, and shall have no liability to Merchant in connection with, any hardware or software, or any related services. Merchant receives under a direct agreement (including any sale, warranty or end-user license agreement) between Merchant and a third party, including any Value Added Servicer, even if Elavon collects fees or other amounts from Merchant with respect to such hardware, software or services.</small>									
TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE – THIS INFORMATION IS COVERED DURING TRAINING)									
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)	
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION			
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE							
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY							
CUSTOM PROMPTS: <small>(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)</small>									
<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) ___ TIME ZONE ___		<input type="checkbox"/> NO TIP (REST)		<input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CLERK PROMPT (RTL)		<input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ ___ (MAX)	
<input type="checkbox"/> TIP FUNCTION WAITER (RTL)		<input type="checkbox"/> TIP FUNCTION CASHIER (RTL)		<input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)		<input type="checkbox"/> CUSTOM FOOTER: ___			
TRAINING (DEFAULT = NO TRAINING): <input type="checkbox"/> TRAINING					PHONE INFORMATION: ACCESS #:				
CONTACT NAME:					CONTACT PHONE #:				

REPORT TOOLS

MCP ONLY **OR** MCP WITH OCM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT

ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

SUBSTITUTE FORM W-9

SOLE PROPRIETOR PUBLIC CORP CLOSELY HELD CORP SUB S CORP GOVERNMENT GENERAL PARTNERSHIP
 LIMITED PARTNERSHIP TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) OTHER (ASSN/ESTATE/TRUST)
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C OR P)

NAME*: _____
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS: _____ OR TIN (EMPLOYER ID #): _____

CITY: _____ STATE: _____ ZIP: _____ TIN (SOCIAL SECURITY #): _____

5 MERCHANT REPRESENTATIONS AND CERTIFICATIONS

Merchant Representations and Certifications. By signing below, the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920

(collectively, "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") incorporated herein by this reference and located at our website at

https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf, respectively. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$45 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:
1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Merchant has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Merchant Application), in addition to all other terms of this Agreement, Merchant agrees to the provisions set forth in Section E (Acceptance Program) of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Merchant expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Merchant's behalf. Merchant further authorizes Elavon to provide Merchant's contact information to American Express, and Merchant agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Merchant regarding products, services, and resources available to Merchant's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Merchant Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Merchant may still receive messages related to important information about Merchant's account from American Express. Merchant or Elavon may terminate Merchant's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Merchant's rights and obligations pursuant to the remainder of this Agreement. Merchant acknowledges that, if at any time Merchant is no longer qualified to participate in the Acceptance Program, Merchant may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Merchant's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Merchant acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Merchant's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Merchant.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s), by signing the Merchant Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME: Dean Curry	REP ID #: 15843	DATE:
REP PHONE #: 614.635.0639	REP EMAIL: dean@currysolutions.com	ELAVON USA-MSP-ELV-1115	