

APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: <u>Netcom Data</u>	Assoc #: <u>0</u>
Sales Rep Name: <u>Rob Delzio</u>	Sales Rep Code: <u>0086</u> Branch #: (if applicable) _____

For purposes of this application, "Processor" or "TransFirst" is TransFirst Third Party Sales, LLC, or one of its TransFirst affiliates, located at 12202 Airport Way, Suite 100 Broomfield, CO 80021 and can be contacted at (800) 654-9256. Additional information can be found on the TransFirst website, www.TransFirst.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 (Physical location, no PO Boxes)	Suite
City	State	ZIP	City
State	ZIP	City	State
ZIP		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 or <input type="checkbox"/> DBA Address		
Chargebacks?	<input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____		
	<input type="checkbox"/> Email Address (TransLink) _____		
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) _____ _____ _____		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 located at www.transfirst.com/documents.html and included with this application and that you consent to receiving IRS notices via paperless delivery.	
City	State	ZIP	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sole Proprietorship, Date of Birth _____	<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"/> Political Organization	<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.TRANSFIRST.COM.

Name of Owner/Officer and Title	Social Security Number	Percent Owned	Residential Address, City, State, Zip	Residential Phone Number
	_____	____%		
	_____	____%		

4. PATRIOT ACT / 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. 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 Merchant's physical inventory consistent with the business signage: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sales Partner Validated <input type="checkbox"/> No Site Performed 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? _____

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, federal tax identification number, 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 and 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 Cards All Credit and PIN Based Debit Cards PIN Based Debit Cards Only **

*Merchant has the right not to select all card types. **Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, and not Merchant Bank, will settle Discover, JCB and Diner's International 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 Credit/Debit Transaction (Ticket) Amount (excludes AMEX):	Total Credit/Debit Monthly Sales (excludes AMEX):
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%) _____ %			

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 cardholder data, including any third party order-taking service (e.g., teleservices): (Provide separate pages if needed)

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"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks

*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 <input type="checkbox"/> Differential <input type="checkbox"/> Intrchg Plus <input type="checkbox"/> TransFreedom				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> TTC	
Fee Category: Visa/MC/DISC/JCB/Diners Cards (if applicable)	Discount Rate	Authorization Fee	Per Item Fee	Voice/ARU Auth Fee	Chargeback Fee
Qualified or Plus Rate: (Retail, MOTO, Internet)	20 pts above InterChange	\$ 0.10 All Card Types	\$ _____	\$ 0.75	\$ 15. _____
Mid-Qualified Surcharge: (Retail Only)	_____ %	AMEX \$ _____ (if different than above)	\$ _____	Batch Close Fee	Retrieval Fee
Non-Qualified or Differential Surcharge: (Retail, MOTO, Internet)	_____ %		\$ _____	\$ _____	\$ _____
Rewards Surcharge: (Retail Only)	_____ % <input type="checkbox"/> with Qualified Rewards at Pass Thru			Monthly Minimum Discount	Application Setup Fee
Check Card Rebate: (Signature Based)	<input type="checkbox"/> Standard Card Rebates <input type="checkbox"/> Card Rebates at Full Difference <input type="checkbox"/> -		\$ _____	\$ _____	\$ _____
				Monthly Service Fee	Reprogramming Fee
				TransFreedom Monthly Fee	Terminal Support Fee
				\$ 7.50	\$ _____
					Annual Fee: \$ _____
					Start Date: _____
				ACH Return Fee	Monthly Merchant Club Fee
				\$ _____	\$ _____

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 may apply. Further Visa/MC/DISC 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 V / MC / Disc Trans Fees unless specified. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. **TransFreedom:** In addition to your TransFreedom Monthly fee, Automatic Volume Purchase billing may apply to volume processed in excess of the current pricing tier at a rate of \$20.00 per every \$500.00 in additional processed volume.

Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, 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 (CrossCheck Application required)

PIN Debit/EBT

PIN Based Debit Per Item Fee* \$ _____ PIN Based Debit Monthly Fee \$ _____ PIN Based Debit Application Fee \$ _____ EBT Per Item Fee \$ _____ Network Release Fee \$ _____ (Semi-Annually)

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

Transaction Central/Transaction Express Processing Services

TC TC Plus TC Setup Fee \$ _____ (One time per POS) TC Monthly Gateway Fee \$ _____ (per POS) TXP Direct Swipe Monthly Fee \$ _____

TXP ACH TXP Package Setup Fee \$ _____ (One time per POS) TXP Package Monthly Fee \$ _____ (per POS) Integration Fee \$ _____

ACH Discount Rate _____ % ACH Trans Fee \$ _____ ACH Return Fee \$ _____ Fraud Check Fee \$ _____

Wireless and Other Services

Wireless Setup Fee \$ _____ (One time/Per Terminal) Wireless Monthly Gateway Fee \$ _____ (Per Terminal) Administrative Service Fee \$ _____ (Annually)

Other Fee: \$ _____ Description: _____ Other Fee: \$ _____ Description: _____

Monthly Breach Coverage Fee Bi-Annually Breach Coverage Fee Quarterly PCI Non Validation Fee* \$ **28.80**
*Fee will be reduced to \$18.80 for ongoing support once compliance is validated. Fee does not apply if checked

Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked

American Express (AMEX Fees disclosed in this section are billed by American Express)

Apply For American Express Card Acceptance AMEX Transaction Fee \$ _____ Have you previously had an American Express SE Number? Yes No
If Yes, American Express SE Number: _____

American Express Discount Rate* _____ % Per Item \$ _____ OR Monthly Flat Fee: \$ 7.95
*CHOOSE ONE (If Discount Rate % chosen)
 Retail \$0.10 Trans Fee + 0.30% CNP Downgrade OR
 Restaurant \$0.05 Trans Fee + 0.30 % CNP Downgrade OR
 Services, Wholesale & All Other \$0.15 Trans Fee

Gross Pay 3-Day AMEX Pay Frequency
Annual AMEX Charge Volume \$ _____
Average AMEX Ticket \$ _____

10. EQUIPMENT OPTIONS

Industry: Retail Retail w/ Tips Restaurant MOTO QPS Retail QPS Restaurant Lodging Cash Advance

Equipment shipped to: DBA Legal Agent Other* N/A **Merchant trained by:** Agent TransFirst Other*

Welcome Kit sent by: Agent TransFirst **Welcome Kit shipped to:** DBA Legal Agent Other* N/A

TXP Integration by: Agent TransFirst ***If Other was selected above, provide shipping details below**

***Name:** _____ ***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

Item Description	Model	Version/SIM#	Qty	Code**	Price**	Bill To**	FEATURES			
Terminal							PIN Based Debit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amex	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminal							EBT Services	<input type="checkbox"/> Cash Benefits Only	<input type="checkbox"/> Food Stamps***	<input type="checkbox"/> Both***
Terminal							***EBT FNS/FCS# (7 digits):		Multi-Merchant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					Parent MID:		Number of Child Accts:	
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					AVS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Corp/Purch Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	eCommerce	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Verification Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quick Pymnt Srv	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Partial Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Auto Close	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Close Time	
Check Reader							Connection Method	<input type="checkbox"/> Dial <input type="checkbox"/> IP/SSL <input type="checkbox"/> Wireless		
Imager							Dial Prefix		Memory Size	<input type="checkbox"/> 512K <input type="checkbox"/> 1Meg
Software Name							EMV Capabilities	<input type="checkbox"/> Contact <input type="checkbox"/> Contactless <input type="checkbox"/> NFC		

Merchant Email Address (Required): _____

**Shipping, handling, and tax will be billed in addition to the equipment price listed above. If merchant owned WAY terminal, SIM # & Serial # required. Bill To Options: Merchant, Agent, TransFirst, N/A
Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, FLS = First Data Leasing, EE = Encryption exchange, RTL = POS Portal rental program or STR = Short term rental. Any free use equipment provided by TransFirst is the property of TransFirst and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.transfirst.com/documents.html and included with this application.

11. TRANSACTION CENTRAL/TRANSACTION EXPRESS HARDWARE AND CONFIGURATION

***Required Data

Product: Transaction Central Transaction Central Plus (CC & ACH – ACH Addendum required) Transaction Express

Input Types: Virtual Web Services Batch Post Hosted **Industry:** Retail MOTO eCommerce

*****Integrated Product Name:** _____ *****Integrated Website Address:** _____

*****Welcome Email Address:** _____

*****Activation Alert Email Address:** _____

Item Description	Config	Qty	Code**	Price**	Bill To**	TC FEATURES*		TC EXTENDED FEATURES*	
PayFox AJCR						Batch Close Method	<input type="checkbox"/> A <input type="checkbox"/> M	Corp/Purch Cards	<input type="checkbox"/> Y
ProcessNow AJCR						Recurring Method	<input type="checkbox"/> A <input type="checkbox"/> M	Duplicate Card Accept	<input type="checkbox"/> Y
MagTek CR						Multi-User	<input type="checkbox"/> Y	EVI (req'd for internet)	<input type="checkbox"/> Y
PIN Pad 1000SE	<input type="checkbox"/> USB <input type="checkbox"/> Serial					Batch Upload	<input type="checkbox"/> Y	AVS	<input checked="" type="checkbox"/> Y
Epson TM-T20 Printer	<input type="checkbox"/> USB <input type="checkbox"/> Serial					Allow Blind Credits	<input type="checkbox"/> Y	Private Label	<input type="checkbox"/> Y
						Group ID:		PL Name:	
						PIN Based Debit	<input type="checkbox"/> Y		
TXP PROCESSING OPTIONS*									
						Batch Close Method	<input checked="" type="checkbox"/> M/A	Batch Close Time:	

CARD ORGANIZATION DISCLOSURE PAGE

Merchant Services Provider Contact Information (* = Required)

*Name: TransFirst Third Party Sales, LLC
 *Address: 12202 Airport Way, Suite 100 Broomfield, CO 80021
 URL: www.TransFirst.com
 *Customer Service #: (800) 654-9256

Member Bank/Merchant Bank Information

The Bank's mailing address is Synovus Bank, d/b/a Columbus Bank and Trust Company, located at 1125 First Avenue, Columbus, GA, 31901, and the phone number is (706) 649-4900.

Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Payment Network products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Card Processing Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Payment Network thresholds.
- Review and understand the terms of the Merchant Card Processing Agreement.
- Comply with Payment Network rules.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at:
http://usa.visa.com/merchants/operations/op_regulations.html
- You may download "MasterCard Regulations" from MasterCard's website at:
<http://www.mastercard.com/us/merchant/support/rules.html> .

The responsibilities above do not replace 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 Bank is the ultimate authority should the Merchant experience any problems.

Merchant Information (* = Required)

*Business Legal Name (Printed): _____
 *Business Address: _____
 *Business Phone: _____
 *Signature of Owner or Officer: _____
 *Printed Name of Owner or Officer: _____
 *Title: _____
 *Date: _____

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Notes:

Section 8 – Fee Schedule.

The listed rate and fee are interpreted as follows...

Discount Rate = 20 basis points above Interchange

Authoization Fee = 10 cents above Interchange

As of February 2014, this equates to...

“Non-Swiped” MOTO/Internet (Qualified) = 2.0% to 2.5% + 20 cents

“Swiped” Card Present (Qualified) = 1.71% to 1.78% + 20 cents

Submitting and Expediting Your Application.

Please complete the application.

Then scan it along with a voided check from your bank checking account,

And email to delwest@mktmkt.com