

New Setup
 Change of Ownership
 Add Location

Agent Initials

MERCHANT PROCESSING APPLICATION & AGREEMENT

GENERAL INFORMATION	Legal Business Name: (As it appears on the IRS Tax Return)		Doing Business As Name (As it appears on the receipts):	
	Legal Address:		DBA Address: (Street Address other than PO Box)	
	City/County:	State/Zip:	City/County:	State/Zip:
	Legal Business Phone:	DBA Business Phone:	9-Digit Federal Tax ID (Required): <input type="checkbox"/> SSN <input type="checkbox"/> EIN	
	Contact Name:	Business Fax Number:	Business Open Date: (YYYY-MM-DD)	Mail Merchant Statements to: <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address
	Business E-Mail: (Required)	Business Website:	Hours of Operation:	

BUSINESS INFORMATION	Retail Swiped % _____	Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Utility <input type="checkbox"/> Petroleum <input type="checkbox"/> Restaurant <input type="checkbox"/> Mail/Phone <input type="checkbox"/> Prof. Services <input type="checkbox"/> Retail w/ Tip <input type="checkbox"/> Internet <input type="checkbox"/> Convenience <input type="checkbox"/> Lodging <input type="checkbox"/> Public Sector <input type="checkbox"/> Quick Serve <input type="checkbox"/> Business to Business: B-2-B _____% B-2-C _____%	Type of Ownership: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Corp. <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust/Estate/Assn. <input type="checkbox"/> LLC <input type="checkbox"/> Gov't. <input type="checkbox"/> Legal/Medical Corp. <input type="checkbox"/> Other (specify): _____		Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other (specify): _____	
	Retail Keyed % _____		Requested Monthly Sales Limit: \$ _____	Mail, Telephone or Internet Sales: Who performs product/service fulfillment? <input type="checkbox"/> Merchant <input type="checkbox"/> Vendor/Fulfillment House		Third Party Information: Name: _____ Address: _____ Phone: _____ Software Used by Third Party: _____
	eCommerce % _____		Requested Highest Ticket: \$ _____	Vendor/Fulfillment House Information: Name: _____ Address: _____ Phone: _____		Payment Application: _____ Does Merchant use third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mail Order % _____		Average Ticket: \$ _____	Number of Days Until Product/Service is Delivered: _____ MasterCard/Visa/Discover sales transactions are settled: <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Shipment Delivery Method: _____		MCC/SIC: _____
	TOTAL % 100		Specific Type of Product(s)/Service(s) Sold: _____	Customer Return Policy: <input type="checkbox"/> Refund w/in 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____		
			Is the Applicant currently accepting credit cards? (Provide previous processors statements) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Applicant ever had a previous credit card processor terminate its merchant account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom? _____		

FUNDS TRANSFER: In accordance with the terms set out in the Terms and Conditions, transfer funds will be made to/from the account set forth in the enclosed voided check or bank letter.

PRINCIPAL INFO.	Principal #1 Name:	Social Security Number (Required):	% Ownership:	Date of Birth:	Title: OWNER
	Residential Address:	City:	State:	Zip:	Home Phone:
	Principal #2 Name:	Social Security Number (Required):	% Ownership:	Date of Birth:	Title:
	Residential Address:	City:	State:	Zip:	Home Phone:

REF.	Landlord:	Address:	Phone:	Contact:
	Trade:	Account #:	Phone:	Contact:

VISA DISCLOSURE	Member Bank Information First National Bank of Omaha 1620 Dodge Street Omaha, Nebraska 68197 800-853-9586		Important Member Bank Responsibilities 1. The Visa Member is the only entity approved to extend acceptance of VISA products to a Merchant 2. The Visa Member must be a principal (signer) to the Merchant Agreement 3. The Visa Member is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply. 4. The Visa Member is responsible for and must provide settlement funds to the Merchant. 5. The Visa Member is responsible for all funds held in reserve that are derived from settlement.	
	Merchant Information Merchant Name: _____ Merchant Address: _____ Authorized Signature: X _____ Authorized's Printed Name: _____		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 Agreement. 4. Comply with VISA Operating Regulations.	
	The responsibilities listed above do not supersede the terms of the MERCHANT 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 have any problems.			
	Date: _____ Type of Building: _____ Square Footage (approximate): _____			

SITE SURVEY	Did the agent meet with the business owner in person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the interior of the business reflect the types of products or services sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the business have proper signage clearly indicating the DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Under the penalty of perjury and accountability, I hereby certify I personally conducted this premises inspection described above and hereby certify that this business is legitimate and have verified the identification of the above listed principal(s):					
	Sales Representative Signature: _____			Sales Representative Name: _____		

EQUIPMENT SETUP/ORDER FORM

SPOTON

Lease: \$ _____ /Month Purchase: \$ _____ FT Program Existing Terminal

The undersigned MERCHANT agrees to pay Shipping & Handling on the initial shipment of the designated FT equipment below. Upon request of termination of services prior to the completion of the 3-year INITIAL TERM, the undersigned MERCHANT agrees to return all provided equipment to Central Payment within thirty (30) days or will be subjected to the debit for the amount of \$695 as cost of provided terminal and \$200 for the cost of provided PINpad. Merchant is responsible for any local Sales or Use Tax on the cost of the equipment and will be debited separately once equipment is shipped.

FT Equipment Model: _____  _____
Merchant Signature

Countertop Terminals: ___ Verifone Vx520 ___ Verifone Vx510 ___ Verifone Vx570 ___ Verifone Omni 3730 ___ Equinox T4210 ___ Equinox T4220 ___ Hypercom T7Plus ___ Nurit 2085	Wireless/Mobile Terminals: ___ CPay Mobile ___ Verifone Vx680 ___ Nurit 8020 e-Commerce/VT: ___ PayHub ___ Authorize.net ___ QuickBooks Plugin (No Quickbooks POS)	Terminal Peripherals: ___ Verifone 1000SE PINpad ___ Equinox P-1300 PINpad ___ PINpad Swap (\$30) SN: _____ NOTE: Serial numbers required for existing wireless. Other: _____
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Conversion POS Software: _____ Version #: _____

Reseller Contact: _____ Email: _____

By choosing the option to "SWAP" the PINpad, the merchant is subject to a \$30 Encryption Fee. Central Payment will deploy a PINpad to the merchant with the Central Payment proprietary encryption that is compatible with the listed terminal. The merchant must exchange or SWAP their preexisting external PINpad with Central Payment's PINpad within 15 business days or the Merchant's account will be debited \$200 for the cost of Central Payment's PINpad.

Indicate the Terminal Profile you want for your equipment:

PROCESS VIA: (You must choose one) <input type="checkbox"/> Dial (Prefix: _____) <input type="checkbox"/> IP (High speed internet connection) <input type="checkbox"/> Wireless/Cellular	CARD TYPES: (Check all that apply) <input checked="" type="checkbox"/> Visa, Mastercard and Discover <input type="checkbox"/> AMEX: _____ Merch CAP#: _____ <small>Existing 10 Digit AMEX ESA#</small> <input type="checkbox"/> PIN DEBIT (PINpad required) <input type="checkbox"/> EBT: _____ <small>Existing 7 Digit EBT Number</small>	<input type="checkbox"/> Cash Benefits
□ Retail or Retail w/Tip: <input type="checkbox"/> Invoice Numbers <input type="checkbox"/> CVV2 Prompt <input type="checkbox"/> AVS Prompt (\$0.05 per) <input type="checkbox"/> Clerk Numbers <input type="checkbox"/> Surcharge: \$ _____ <input type="checkbox"/> Quick Serve <input type="checkbox"/> NFC <input type="checkbox"/> EMV <input type="checkbox"/> Tipline <input type="checkbox"/> Auto Close _____	□ Restaurant: <input checked="" type="checkbox"/> Tipline <input type="checkbox"/> Tip Prompt <input type="checkbox"/> Server Numbers <input type="checkbox"/> Gratuity Guide <input type="checkbox"/> Auto Close _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	□ MOTO/eCommerce: <input checked="" type="checkbox"/> Manual Entry <input type="checkbox"/> Invoice Numbers <input type="checkbox"/> Shopping Cart <input type="checkbox"/> CVV2 Prompt <input type="checkbox"/> AVS Prompt (\$0.05 per) <input type="checkbox"/> Auto Close _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
	□ Lodging: <input checked="" type="checkbox"/> Folio Numbers <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

How would you like your equipment shipped?

SHIP TO: <input type="checkbox"/> Sales Representative <input type="checkbox"/> Merchant Legal Address <input type="checkbox"/> Merchant DBA Address <input type="checkbox"/> Other: _____	SHIP METHOD***: <input type="checkbox"/> Priority Overnight <input type="checkbox"/> Standard Overnight <input type="checkbox"/> 2-Day Express Delivery <input type="checkbox"/> 3-Day Express Delivery <input type="checkbox"/> Ground ***Shipping charges may apply	ACTIVATE BY: <input type="checkbox"/> Sales Representative <input type="checkbox"/> Technical Support REQUESTED DATE: ____/____/____
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How did you hear about our services?

Business Name of Referral: _____
 Contact Name: _____ Phone Number: _____

Special Instructions: For Central Payment use only.

 Next Day Funding (Subject to CPAY Approval)

Shipping: There is a one-time fee of \$19.95 for Shipping & Handling of your SpotOn package.

Ship To: _____ **Tablet Color:** Black White **Wireless Router Needed?** Yes No
 Legal Address DBA Address

Loyalty Program: Customize a loyalty program that fits your business.

of Spots: _____ Reward: _____

of Spots: _____ Reward: _____

We're all about creating fun for customers.
 Create at least one silly or unique reward. (ie. A personal styling session, VIP parking, name a menu item, mystery box, etc.)
 # of Spots: _____ Reward: _____

Pricing: SpotOn costs \$60 per month with a 12-month contract. Billing occurs monthly on the fifth business day of each month. Cancellation of service prior to fulfilling the 12-month agreement results in a penalty fee of the sum of monthly fees on remaining months of the contract. In the event of cancellation, the **SpotOn Tablet must be returned** with full functionality to avoid any penalty charges for non-return of SpotOn property.

E-Mail Address (Will serve as your Username) _____

Contact Number _____

 Signature _____ Date _____

SPOTON & GETI ACH AUTHORIZATION

MERCHANT hereby authorizes SPOTON/GETI in accordance with this Service Agreement to initiate debit/credit entries to MERCHANT'S checking account, as indicated per the attached copy of a voided check from same. The authority is to remain in full force and effect until (a) SPOTON/GETI has received written notification from MERCHANT of its termination in such a manner as to afford SPOTON/GETI reasonable opportunity to act on it, and (b) all obligations of MERCHANT to SPOTON/GETI that have arisen under this agreement have been paid in full.

GETI CHECK SERVICES PROGRAMS

Conversion with Guarantee: Discount Rate: 1.49% Transaction Fee: 25¢
 Conversion without Guarantee: Discount Rate: 0.00% Transaction Fee: 25¢
 Traditional: Discount Rate: 1.49% Transaction Fee: 25¢

Monthly Minimum: \$20.00 Service Fee: \$10.00

This Agreement includes all of the terms and conditions contained on the front and ATTACHED RECITALS of this Agreement. This Agreement has been executed on behalf of and by the authorized management of each party as of the DATE BELOW. If either party terminates this 24 month agreement a \$199.00 fee will be assessed and electronically debited from the MERCHANT'S account. MERCHANT is responsible for the cost of any shipping.

 Merchant Initials: Date: _____

AMERICAN EXPRESS

Annual AMEX Charge Volume: \$ _____ Avg Ticket: \$ _____

New American Express One Point #
 Allows merchants to be funded on their AMEX transactions in one lump sum deposit along with their Visa, Mastercard, & Discover transactions. Merchants on One Point will receive one statement for all card brands.
 One Point Discount Rate: _____ %

New American Express ESA #
 Merchants will be funded separately on their AMEX transactions from their deposit for Visa, Mastercard, & Discover transactions. Merchants on the ESA program will receive a separate statement directly from American Express. Central Payment Charges 15¢ per transaction on American Express ESA.

• Prepaid Gift Card Discount: _____ % + \$ _____ /Transaction Fee
 ESA Discount Rate: _____ %
 Monthly Flat Rate: \$7.95

Pay Method (ESA Only):
 Daily Net Pay
 Daily Gross Pay
 Monthly Gross (+.03% if \$100K+)

Payment Timing (ESA Only):
 3 Day
 15 Day
 30 Day

 Merchant Signature _____ Name _____ Date _____

<input type="checkbox"/> TIERED PRICING	<input type="checkbox"/> PASS-THROUGH PRICING	APPLICATION & SETUP FEE
Check Card Rate:	IC +	\$195
Qualified Rate:	Transaction Fee:	<input type="checkbox"/> Credit Only
Mid-Qualified Rate:	PIN-DEBIT(PINPAD REQUIRED)	<input type="checkbox"/> Credit & ATM
Qual. + 1.59%	EBT & Cash Benefits: 25¢ Trans Fee	<i>Most common cause for downgrades to Mid-Qualified are accepting Rewards cards. Most common causes for downgrades to Non-Qualified are accepting Manual Entry, Business, Corporate, Commercial cards or not settling within 24 hours.</i>
Non-Qualified Rate:	Network Fee:	
Qual. + 1.89%	Transaction Fee:	
Transaction Fee:	Transaction Fee:	

Monthly Fees:	
Statement Fee	\$9.50
Monthly Minimum	\$25.00
<i>Definition: \$25.00 – (Total Discount Fees) = Amount Billed (if any)</i>	
Equipment Warranty (Per Device)	\$8.95
Card Compromise Assistance Plan Monthly Fee	\$7.95
Per Occurrence Fees:	
Voice Authorization Fee	\$1.00
Batch Fee	25¢
Chargeback & Retrieval Fee	\$25.00
PCI Annual Compliance Fee *	\$85.00
Non-Compliance Monthly Fee*	\$15.95

Gateway customers have an \$8.00 monthly fee. Retail merchants pay an additional 4 cents per authorization.

Micros Merchant Link customers pay an additional 5 cents per authorization.

Monthly Wireless Fee is \$12.00 per terminal.

The following fees will be passed through at Association's rate: Assessments, MasterCard Network Access Brand Usage Fee, Visa Exception Item Fee, Visa Network Acquirer Processing Fee, Visa International Acquirer Fee (including High Risk), Visa Partial Authorization Non-participation Fee, Discover International Processing Fee, Discover International Service Fee, Discover Data Usage Fee, MasterCard AVS Card Present Fee, MasterCard Account Status Fee, MasterCard AVS Card Not Present Fee, Visa International Service (including cash advance), Visa Misuse, MasterCard Cross Border (US/Non-US/Puerto Rico), MasterCard Processing Integrity, Visa Debit Transaction Integrity, Visa Fixed Acquirer Network Fee, Discover Network Authorization Fee, MasterCard CVC2 Transaction Fee, All Other Applicable Association Fees.

A PCI Annual Compliance Fee of \$85 will be assessed to the merchant account. If Compliance requirements are not met within the first 2 months of the Agreement, a \$23.95 Monthly Non-Compliance Fee will be charged to the merchant account, which includes automatic required enrollment to the Card Compromise Assistance Plan, until Compliance is achieved. After compliance is achieved, the Card Compromise Assistance Plan is optional.

Annual PCI Compliance Fee is billed January 15th of each calendar year. Merchants who have signed up less than 60 days from this date are exempt from the said fee for the year.

If MERCHANT is approved for this (3) year MERCHANT account, any cancellation by MERCHANT of this agreement within three (3) years from date of approval, or in the event that CPAY terminates the agreement pursuant to section 5.3 of the Terms & Conditions, the MERCHANT will be subject to the applicable Early Termination Fees (ETF) and MERCHANT will be charged a fee for such early termination equal to (i) \$550.00 if terminated before completion of the first year of the Term; or (ii) \$375 if terminated after completion of the first year of the INITIAL TERM but prior to the end of the second year; or (iii) \$300.00 if terminated after completion of the second year of the INITIAL TERM but prior to the end of the third year period of the INITIAL TERM. At the expiration of the INITIAL TERM, this AGREEMENT will automatically renew for successive two (2) year periods ("RENEWAL TERM") unless terminated as set out according to the TERMS & CONDITIONS. MERCHANT agrees that the ETF shall also be due to CPAY in accordance with this schedule if MERCHANT discontinues submitting SALES for processing during the INITIAL TERM or any RENEWAL TERM of the AGREEMENT. MERCHANT agrees that this fee is not a penalty, but rather a reasonable estimation of the actual damages CPAY would suffer if CPAY were to fail to receive the processing business for the then current term. Paragraph references and capitalized terms not defined in this paragraph are defined in the TERMS & CONDITIONS.

MERCHANT has indicated which services it is requesting. MERCHANT agrees that BANK and Central Payment are not a party to any agreement for services from the following companies: American Express, Discover Network, Diners Club, Northern Leasing Systems, Inc., Global eTelecom, PayHub and/or SpotOn, Inc. and that any such agreements are strictly between MERCHANT and each individual company. MERCHANT must be approved by each company and each company may send its agreement to the address of MERCHANT indicated herein upon such approval. MERCHANT agrees to be bound by such company's agreement. DISCOVER: By signing below, Merchant, CPAY and TSYS Merchant Solutions, LLC ("TMS") agree to the terms of the TMS Discover Agreement and separately to the TMS American Express Agreement. TMS is not a party to the Merchant Transaction Processing Agreement. AMERICAN EXPRESS: By signing below, I represent that I have read and am authorized to sign and submit this application agreeing to be bound by the American Express® Card Acceptance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize TSYS Merchant Solutions, LLC. and its agents, assigns or affiliates (collectively "TMS") 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 from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct TMS and AXP and AXP's agents and Affiliates to inform me directly, or inform MERCHANT, 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 on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200. I understand that upon AXP's approval of the application, the MERCHANT agrees to abide by the American Express Agreement and will be sent materials welcoming it, either to AXP's program for TMS to perform services for AXP or to AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if MERCHANT does not qualify for TMS's servicing program, that the entity may be enrolled in AXP's standard Card acceptance program, and MERCHANT may terminate the American Express Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, MERCHANT agrees to be bound by the American Express Agreement. I understand that TMS, ISO and BANK are not parties to the American Express Agreement.

CONTINUING PERSONAL GUARANTY PROVISION - PERSONAL GUARANTOR(S):

This general, absolute, and unconditional continuing Guaranty ("GUARANTY") by the undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of CPAY and/or First National Bank of Omaha (each a "Guaranty Party" and "Collectively the "Guaranty Parties"). For value received, and in consideration of the mutual undertakings contained in the Merchant Transaction Processing Agreement and allied agreements ("AGREEMENT") between the Guaranty Parties and MERCHANT as set forth below, I absolutely and unconditionally guarantee the full performance of all MERCHANT's obligations to the Guaranty Parties, together with all costs, expenses, and attorneys' fees incurred by any Guaranty Party in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require the Guaranty Parties to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY. I authorize the Guaranty Parties, their respective agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at request, financial statements and/or tax returns. I agree that this GUARANTY shall be governed and construed in accordance with the laws of the state of Nebraska, and that the courts of the state of Nebraska shall have and be vested with personal jurisdiction over me. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by the Guaranty Parties of written notice by me terminating or modifying the same. The termination of the AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and the Guaranty Parties.

SIGN HERE →

_____	_____	_____	_____
Guarantor Signature	Date	Printed Name of Signer	Title

BY THEIR EXECUTION BELOW THE UNDERSIGNED PARTIES AGREE TO ABIDE BY THE MERCHANT TRANSACTION PROCESSING AGREEMENT (THE "AGREEMENT"). THE AGREEMENT CONSISTS OF THE MERCHANT APPLICATION AND THE TERMS AND CONDITIONS (A SEPARATE ATTACHMENT HERETO), AND MERCHANT ACKNOWLEDGES THAT IT HAS RECEIVED AND READ THE TERMS AND CONDITIONS AT THE TIME OF SIGNING. MERCHANT WARRANTS THAT THE INFORMATION PROVIDED ON THE MERCHANT APPLICATION IS COMPLETE AND ACCURATE. MERCHANT AUTHORIZES CPAY AND/OR BANK TO PROVIDE A COPY OF THIS MERCHANT APPLICATION TO ANY THIRD PARTY FOR THE SERVICES REQUESTED. MERCHANT, AND ITS SIGNING OFFICER/OWNER/PARTNER, AUTHORIZE CPAY AND/OR BANK, OR ITS AGENTS OR ASSIGNS, TO MAKE FROM TIME TO TIME, ANY BUSINESS AND PERSONAL CREDIT AND OTHER INQUIRIES. IF APPLICABLE, MERCHANT AGREES BY ITS SIGNATURE BELOW TO THE TMS AMERICAN EXPRESS AGREEMENT AND THE TMS DISCOVER AGREEMENT. TMS IS NOT A PARTY TO THE MERCHANT TRANSACTION PROCESSING AGREEMENT. IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES EFFECTIVE ON THE DATE SIGNED OR APPROVED BY BANK.

SIGN HERE →

_____	_____	_____	_____
Principal #1 Signature	Date	Printed Name of Principal #1	Title

SIGN HERE →

_____	_____	_____	_____
Principal #2 Signature	Date	Printed Name of Principal #2	Title

Approved & Accepted By _____ Date _____
Central Payment, 2350 Kerner Blvd., Suite 300, San Rafael, CA 94901

Approved & Accepted By ("BANK") _____ Date _____
First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

COMPLIANCE FORM FOR ALL MERCHANTS	
<p>The merchant application and Terms & Conditions attached hereto includes all terms of the service and/or agreement. If any other agreement was made between MERCHANT and Sales Representative, which such agreement shall not amend the Terms and Conditions in any way, it must be included in the "Special Instructions" area of the merchant agreement.</p> <p style="text-align: right;">INITIALS: _____</p>	<p>You understand the rates indicated in the Schedule of Fees section above, your Sales Representative proposed and understand the differences between the tiered pricing of Qualified, Mid-Qualified and Non-Qualified Fees.</p> <p style="text-align: right;">INITIALS: _____</p>