

Sales Office \_\_\_\_\_ Print Sales Rep Name \_\_\_\_\_ Sales ID# \_\_\_\_\_  
 Merchant Number \_\_\_\_\_ Sales Rep. Signature \_\_\_\_\_ Phone # \_\_\_\_\_

**I. BUSINESS INFORMATION**

Page 1 of 3

|   |                          |  |   |   |      |
|---|--------------------------|--|---|---|------|
| Client's Business Name (Doing Business As):   |                          |  | Client's Corporate/Legal Name (Use Also For Headquarter's Information):   |   |      |
| Business Address (No P.O. Box):   |                          |  | Billing Address (If Different Than Location Address):   |   |      |
| City:   | State:                   | Zip:   | City:   | State:  | Zip: |
| Location Phone #:<br>( ) -  | Location Fax #:<br>( ) - | Contact Name:  |   |   |      |
| Business E-mail or Website Address:   |                          | Contact Phone #:<br>( ) -  | Contact Fax # / E-mail Address:   |   |      |
| Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location           |                          |  | Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location |   |      |
| <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____ |                          | <input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____         |   | <input type="checkbox"/> GOVERNMENT (Federal, State, Local)           |      |
| <input type="checkbox"/> CORPORATION - CHAPTER S, C State: _____  |                          | <input type="checkbox"/> INTERNATIONAL ORGANIZATION<br>Location Filed: _____ |   | <input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____ |      |
| <input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____  |                          | <input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____         |   | <input type="checkbox"/> PARTNERSHIP State Filed: _____               |      |
| FEDERAL TAX ID #:   |                          | Detailed Explanation of Type of Merchandise, Products or Services Sold:      |   |   |      |
| SIC/MCC:  |                          |  |   |   |      |

**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<br/><input type="checkbox"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</p> <p>3. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>4. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>5. Remaining Floor(s) Occupied by:<br/><input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</p> <p>6. Approximate Square Footage:<br/><input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>7. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>8. Do you have a refund policy for MC/Visa/Discover® Network Sales?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one:<br/><input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/Visa/Discover Network Credit<br/>If MC/Visa and Discover Network 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>9. Are customers required to leave a deposit?<br/><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>10. Advertising Method (Attach at least one):<br/><input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio<br/><input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other<br/><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>11. Is proper license visible? <input type="checkbox"/> Yes<br/><input type="checkbox"/> No, explain: _____</p> <p>12. Where is the merchant name displayed at the site?<br/><input type="checkbox"/> Window <input type="checkbox"/> Door<br/><input type="checkbox"/> Store Front <input type="checkbox"/> Other, Explain: _____</p> | <p>13. How many registers / Terminals: _____</p> <p>14. How many employees: _____</p> <p>15. Your Previous Processor: _____</p> <p>16. Check Reason For Leaving:<br/><input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated Date: _____ <input type="checkbox"/> Other: _____</p> <p align="center"><b>Mail / Telephone Order / Internet / Business to Business Information</b><br/>(All Questions must be Answered)</p> <p>1. What % of total sales represent business to business (vs business to consumer):<br/>Business to Business _____% + Business to Consumer _____% = <b>100%</b> (total sales)</p> <p>2. What % of MC/Visa/Discover Network sales represent bus. to bus. (vs business to consumer):<br/>Business to Business _____% + Business to Consumer _____% = <b>100%</b> (total sales)</p> <p>3. What is the time frame from transaction to delivery? (% of orders delivered in):<br/>0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = <b>100%</b></p> <p>4. MC/Visa and Discover Network sales are deposited (check one):<br/><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<br/>Name: _____<br/>Address: _____<br/>City/State: _____ Phone: _____<br/>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> |
|---|---|

**3. COMPANY HISTORY**

|                          |   |
|--------------------------|---|
| Date Business Started:   | Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal |
| <b>TRADE REFERENCE 1</b> | <b>TRADE REFERENCE 2</b>  |
| Vendor Name:             | Vendor Name:  |
| Address:                 | Address:  |
| City:                    | City:   |
| State:                   | State:  |
| Zip:                     | Zip:  |
| Contact Name:            | Contact Name:   |
| Contact Telephone: ( ) - | Vendor Acct. #:   |
| Contact Telephone: ( ) - | Vendor Acct. #:   |

**4. OWNERS / PARTNERS / OFFICERS**

| OWNER / PARTNER / OFFICER 1 |        |              | OWNER / PARTNER / OFFICER 2 |        |              |
|-----------------------------|--------|--------------|-----------------------------|--------|--------------|
| Name: (First, MI, Last)     |        | % Ownership: | Name: (First, MI, Last)     |        | % Ownership: |
| Title:                      |        |              | Title:                      |        |              |
| Home Address: (No P.O. Box) |        |              | Home Address: (No P.O. Box) |        |              |
| City:                       | State: | Zip:         | City:                       | State: | Zip:         |
| Telephone #:<br>( ) -       |        |              | Telephone #:<br>( ) -       |        |              |
| Social Security #:          |        |              | Social Security #:          |        |              |
| D.O.B.:                     | DI #:  | State:       | D.O.B.:                     | DI #:  | State:       |

**5. SETTLEMENT INFORMATION**

|                  |                    |
|------------------|--------------------|
| Deposit Bank:    | Bank Contact:      |
| Transit / ABA #: | Deposit Account #: |

**6. EQUIPMENT/THIRD PARTY INFORMATION**

Do you use any third party to store, process or transmit cardholder data?  Yes  No  
 If yes, give name/address: \_\_\_\_\_

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: \_\_\_\_\_

INTERNET GATEWAY:  YourPay.com  Other: \_\_\_\_\_ Wireless Network: \_\_\_\_\_

PC/Internet Software \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Terminal Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Printer Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

PIN Pad \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  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<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>                      | VISA CREDIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>                      | DISCOVER NETWORK<br>CREDIT MPG ID _____<br><i>8-position Alpha/Numeric</i>                         | AUTHORIZATION GRID ID#:<br>_____ |
| MC DEBIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>                       | VISA DEBIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>                       | DISCOVER NETWORK<br>DEBIT MPG ID _____<br><i>8-position Alpha/Numeric</i>                          | _____                            |
| MC CREDIT<br>TIERED GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i> | VISA CREDIT<br>TIERED GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i> | DISCOVER NETWORK<br>CREDIT TIERED<br>GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i> | USER DEFINED GRID ID#:<br>_____  |
| MC DEBIT<br>TIERED GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i>  | VISA DEBIT<br>TIERED GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i>  | DISCOVER NETWORK<br>DEBIT TIERED<br>GRID ID _____<br><i>8-position Alpha/Numeric (Client Use)</i>  | _____                            |

**8. TRANSACTION INFORMATION**

| Blackstone1205  | Blackstone1205                             |  |
|---|--|--|
| FINANCIAL DATA  | WHERE IS SALE TRANSACTED?<br>(Must = 100%) | HOW IS TRANSACTION COMPLETED?<br>(Must = 100%)     |
| Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____                                | Store Front/Swiped _____ %                 | Electronic Data Capture _____ %                    |
| Average YEARLY MC/Visa/Discover Network Volume \$ _____   | Internet _____ %                           | Manual Entry with Imprint _____ %                  |
| Average MC/Visa/Discover Network Ticket<br>(Estimate If Never Processed in Past) \$ _____         | Mail Order _____ %                         | Manual Entry Card Not Present or Imprinted _____ % |
| Highest Ticket Amount \$ _____  | Telephone Order _____ %                    | Voice Auth & Capture _____ %                       |
| Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____ | Total <b>100</b> %                         | Total <b>100</b> %                                 |

**9. SERVICE FEE SCHEDULE**

| Authorization & Capture Transaction Fees   | Monthly Fees                            |
|--|---|
| MasterCard, Visa and Discover Network Authorization & Capture Fee: \$ _____ (Per Item) | Voice Authorization \$ _____ (Per Item) |
| American Express: \$ _____ (Per Item) #: _____   | Electronic AVS Fee \$ _____ (Per Item)  |
| JCB: \$ _____ (Per Item) #: _____  | Voice AVS Fee \$ _____ (Per Item)       |
|  | ARU Fee \$ _____ (Per Item)             |
|  | Wireless Fee \$ _____                   |
|  | eMerchantView Access Fee \$ _____       |
|  | Customer Service Fee \$ _____           |
|  | Debit Access Fee \$ _____               |
|  | Supplies: \$ _____                      |
|  | Other: \$ _____                         |

9. SERVICE FEE SCHEDULE (cont'd)

Miscellaneous Fees

Table with 4 columns: Chargeback Fee, Retrieval Fee, Return Trans. Fee, Pass ACQ ISA Fee?\*. Includes rows for Sales Trans. Fee, Batch Fee, EBT-Food Stamps, EBT-Cash Benefits, Annual Fee, Minimum Monthly Fee, Monthly Stmt Fee, MasterCard Other Item Rate, and Visa Other Item Rate.

Pass ACQ ISA Fee?\*  Yes  No
\*For certain eligible international transactions, Visa will charge an International Service Assessment (ISA) fee for cash advance (for banking institutions) and ATM transactions as well as sale transactions (rates subject to change per section 18.4 with notification per section 18.5). The ISA fee will be added to your account as applicable and will be designated in the Summary of Card Fees section on your statement as ACQ ISA FEE. Please contact Customer Service for additional information.

Tiered

Discount Fees (Based on Gross Sales Volume)

Table with 5 columns: Discount, MPG TXN Fee, MC/Visa/Discover Network Qual Credit, MC/Visa/Discover Network Mid-Qual Credit, MC/Visa/Discover Network Non-Qual Credit, MC/Visa/Discover Network Qual Debit, MC/Visa/Discover Network Mid-Qual Debit, MC/Visa/Discover Network Non-Qual Debit.

Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)
MasterCard Acceptance
[ ] Accept MC Credit transactions only
[ ] Accept MC Non-PIN Debit transactions only
Visa Acceptance
[ ] Accept Visa Credit transactions only
[ ] Accept Visa Non-PIN Debit transactions only
Discover Network Acceptance
[ ] Accept Discover Network Credit transactions only
[ ] Accept Discover Network Non-PIN Debit transactions only
See Section 1.9 of the Program Guide for details regarding limited acceptance.
[ ] Discount Collected [ ] Daily [ ] Monthly

ERR

Table with 5 columns: Discount, Non-Qual Fee, VS Qual Credit, VS Qual Debit, Discover Network Qual Credit, Discover Network Qual Debit.

Fleet

Wright Express
Qual \_\_\_\_\_% Other Item Rate \$ \_\_\_\_\_ (per item)
Voyager
Qual \_\_\_\_\_% Other Item Rate \$ \_\_\_\_\_ (per item)

TeleCheck

[ ] Split Dial [ ] License # [ ] MICR [ ] Warranty [ ] ECA
SE Number \_\_\_\_\_
TeleCheck Rates & Fees [ ] Yes [ ] No
Inquiry Rate \_\_\_\_\_%
December Risk Surcharge .10%
Per TXN Fee \$ \_\_\_\_\_
Monthly Minimum Fee (Per Location) \$ 25.00
ACH Processing Fee \$ 5.00
Client Requested Operator Call (CROC) \$ 2.50
ECA Chargeback Fee \$ 5.00
(Only charged when entitled with TeleCheck)

Pass Through Interchange - Includes Dues and Assessments

Table with 5 columns: Sales Trans. Fee, Other Volume Percent, Discount (Based on Gross Sales Vol.), Visa Qual Credit, Visa Qual Debit, Discover Network Qual Credit, Discover Network Qual Debit.

PIN Debit

[ ] Pass Through Debit Network Fees (ETC Only) Other Item Rate \$ \_\_\_\_\_ (per item) Other Volume Percent \_\_\_\_\_%

NOTE: See Section 36.3 of the Program Guide for early termination fees.

10. SIGNATURE(S)

Blackstone1205 \_\_\_\_\_ Blackstone1205

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 MC and Visa Tiered Grid ID Numbers, Program Guide [version Blackstone1205] and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. 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 as Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes Blackstone Merchant Services, Inc. and Wells Fargo Bank, N.A. ("Bank") and their agents 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 names in this Merchant Processing Application. Client authorizes Blackstone Merchant Services, Inc. and BANK and their agents (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. 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 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 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 Blackstone Merchant Services, Inc.

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 \_\_\_\_\_

Personal Guarantee: The undersigned guarantees to Blackstone Merchant Services, Inc. and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. Blackstone Merchant Services, Inc. and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of Blackstone Merchant Services, Inc. and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

Personal Guarantee

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_
Personal Guarantee
Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_
Accepted By Blackstone Merchant Services, Inc. Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598
Signature X \_\_\_\_\_ Signature X \_\_\_\_\_
Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_