

Application Transmittal and Check List

To: New Accounts Fax to: 1-800-424-3722

From: _____

RE: _____


Check List:

- Completed Page 1 of Merchant Application.** Please note; Page 2 of the application discloses the merchant processing fees. Page 3 instructs the bank how to set up your account and discloses fees for Check Processing & Gift Cards. Most merchants need only complete Page 1.
- Existing American Express merchant number.
- Existing Credit Card Equipment/Software.**
- Signed Merchant Processing Agreement** (Page 4 in the middle)
- Signed Personal Guaranty** (Page 4 at the bottom)
- Without a Personal Guaranty please provide:
 - Business Financial Statements (*tax returns for the last 2 years*)
 - Signed Corporate Resolution if relying on business financials. (Page 5 of Application)
- Articles of Incorporation or Partnership Agreement. (Only if open less than 1 year)
- If sole proprietor, assumed business name filing or business license.
- Copy of a Voided Business Check.**

If you have any questions please call us at (800) 887-6227.

Voided Check

Date: AWB #

<input type="checkbox"/> New Location	<input type="checkbox"/> Additional Location	Existing MID:	Chain #:	Short Name	Location	of
Merchant Application						

Merchant Information	DBA Name:			DBA Phone #:		Ext.
	Contact Name:			DBA Fax #:		
	Cell Phone #		Store ID:		Customer Service Phone #:	
	DBA Address:			Email Address:		
	City:		State:	Zip Code:	Federal Tax ID:	
	Previous Processor:		Year Established:		Length of Current Ownership: years, months	

Corporate Information	Legal/Corporate Name:			Legal/Corporate Phone #:		Ext.
	Legal/Corporate Contact Name:			Legal/Corporate Fax #:		
	Legal/Corporate Address:					
	City:		State:	Zip Code:	Mail Statements to: Business Corporate	

Business Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> C Corp/Private/Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government					
	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status) <input type="checkbox"/> Other (Assn/Estate/Trust)					

Principal Information 1 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership % or <input type="checkbox"/> Officer: Title					
	First Name:		MI:	DOB:	SSN:	
	Last Name:			Home Phone #:		
	Home Address:			Cell Phone #:		
	City:		State:	Zip Code:	Email Address:	

Principal Information 2 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership % or <input type="checkbox"/> Officer: Title					
	First Name:		MI:	DOB:	SSN:	
	Last Name:			Home Phone #:		
	Home Address:			Cell Phone #:		
	City:		State:	Zip Code:	Email Address:	

Other Merchant Information	Average Sale Amount: \$		Description of product or services offered:			
	Total Monthly VISA®/MC/Discover Network® Sales: \$			MCC:		
	Card Present (swiped):	_____ %	For Card Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, _____ # of Days (include shipping time frame) For Card Not Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, _____ # of Days (include shipping time frame) For Internet Transactions , list the product web site:			
	Card Present (not swiped):	_____ %				
	Mail Order:	_____ %				
	Telephone Order:	_____ %				
Internet:	_____ %					
Total	=	100%				
Do you use a fulfillment house or telemarketing company? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please provide name of company: Address: Phone #:						
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> (Merchant must notify to close and reopen):						
<input type="checkbox"/> January		<input type="checkbox"/> February		<input type="checkbox"/> March		
<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 Bank Name (if different):	ABA/Routing #:	DDA Account #:

Merchant Application

Card Accept	Please check each card you wish to accept. <i>Note: acceptance of card types not selected will result in discount downgrades.</i>	Pricing Category	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input type="checkbox"/> ARJ	
	<input type="checkbox"/> All VISA® /MasterCard /Discover Cards <input type="checkbox"/> VISA® Credit <input type="checkbox"/> MasterCard Credit <input type="checkbox"/> Discover <input type="checkbox"/> VISA® Debit <input type="checkbox"/> MasterCard Debit		<input type="checkbox"/> Restaurant <input type="checkbox"/> Supermarket <input type="checkbox"/> Auto Rental <input type="checkbox"/> MOTO <input type="checkbox"/> Pay at Pump <input type="checkbox"/> Internet Emerging Market	

Pricing Information	Rates are for all card acceptance types selected above.			Fees	Fee Type	Amt. \$	Per Authorization \$			
	VISA®	MasterCard	Discover		Application Fee		VISA®			
	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item		Installation/Training		MasterCard			
	Qualified	%+\$	%+\$		%+\$	Wireless Set -Up Fee		Discover		
	Rewards Qual	%+\$	%+\$		%+\$	Account Maintenance		AMEX		
	Mid-Qual	%+\$	%+\$		%+\$	Statement Fee (per mo.)		ARJ Auth Fee		
	Non-Qual	%+\$	%+\$		%+\$	Chargeback Fee (per occur.)		Foreign Network		
	Other Tier	<input type="checkbox"/> Debit <input type="checkbox"/> Supermarket <input type="checkbox"/> Quick Pay/Small Ticket			%+\$	%+\$	%+\$	Retrieval Fee (per occur.)		WEX
	Opt Comm Card Tier	%+\$	%+\$		%+\$	Return Item Fee/NSF (per occur)		Voice Auth Touch Tone		
	INT DIFF	%+\$	%+\$		%+\$	Internet		Voice - Operator Assisted		
	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Membership Fee <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly		Voice - With AVS				
Qualified	%+\$	%+\$	%+\$	Minimum Discount (per mo.)		Voice - Bank Referral				
INT PLUS	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Batch Header Fee Monetary		Other				
Qualified	%+\$	%+\$	%+\$	Other		Other				
Qualified	%+\$	%+\$	%+\$	Other		PCI / Data Breach Warranty (Annual)				
	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Other		IP Connect (not to exceed): \$175 or				
Qualified	%+\$	%+\$	%+\$	Other		Dial Connect (not to exceed): \$55 or				
	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Other		Admin Fee (validate compliance): \$35				

Debit Networks	Debit Pricing : <input type="checkbox"/> Pass through (Interchange + Markup - ICDIF) <input type="checkbox"/> Pass through (Interchange + Markup - ICPLS) <input type="checkbox"/> Surcharge (Flat rate)		
	Debit Authorization Pricing : <input type="checkbox"/> Pass through (Interchange + Markup - ASSOC) <input type="checkbox"/> Fixed (Flat rate)		
	<input type="checkbox"/> Apply to All (If selected, do not list individual networks) %+\$ Auth \$		
	<input type="checkbox"/> ACCL (Accel) %+\$ Auth \$	<input type="checkbox"/> AFFN %+\$ Auth \$	<input type="checkbox"/> ALAS (Alaska) %+\$ Auth \$
	<input type="checkbox"/> MSTO (Maestro) %+\$ Auth \$	<input type="checkbox"/> NETS %+\$ Auth \$	<input type="checkbox"/> NYCE %+\$ Auth \$
<input type="checkbox"/> INKL (Interlink) %+\$ Auth \$	<input type="checkbox"/> ITS (Shazam) %+\$ Auth \$	<input type="checkbox"/> CU24 %+\$ Auth \$	
<input type="checkbox"/> STAR (Explore) %+\$ Auth \$	<input type="checkbox"/> PULSE %+\$ Auth \$	<input type="checkbox"/> Other %+\$ Auth \$	

Point of Sale (Equipment or Software)	VAR Service Provider (Non Distributed):					VAR Vendor/Software (Distributed):					VAR Product:					VAR Version:				
	Gateway (Optional):										Aggregator:									
	Purchase										Software/Wireless									
	Qty	POS Description	Equip Code	Price per Unit	Fee per Unit	Frequency														
				\$	\$															
				\$	\$															
				\$	\$															
	Merchant Owns										Software/Wireless					Wireless Coverage				
	Qty	POS Description	Equip Code	Reprogram Fee per Unit	Fee per Unit	Frequency	Zip	Coverage												
				\$	\$															
			\$	\$																
			\$	\$																

Other Card Types Existing		SE #		Other Card Types New		American Express:	<input type="checkbox"/> ESA <input type="checkbox"/> ESSP	
	Amex	_____	(10 Digits)		Monthly Volume:	\$ _____		
	EBT	_____	(5 Digits)		<input type="checkbox"/> Amex Rate	_____ %	\$ _____	
	Other	_____	(10 Digits)		<input type="checkbox"/> Amex Flat Fee Option:	_____ %	\$ _____	
	Other	_____	(10 Digits)		(Annual Volume less than \$5,000)			
				JCB:				
				JCB Rate:	_____ %	\$ _____		
				<input type="checkbox"/> WEX <input type="checkbox"/> Voyager				

DCC	<input type="checkbox"/> DCC Rebate % Set Up Fee \$																								
Reporting	<input type="checkbox"/> MCP # Users Monthly Fee \$ Set Up Type (check one) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT Set Up Fee \$ <input type="checkbox"/> ACS Remote ID Set Up Fee \$ Monthly Fee \$																								
Pricing Program	Monetary (5 digits) <small>*only use if MSP office has a special pricing program: otherwise Elavon use only.</small>	Authorization (5 digits)	Equipment 59999 Miscellaneous 69999																						
ECS Product Selection and Pricing	Processing Options: <input type="checkbox"/> POP (Point of Purchase) <input type="checkbox"/> ARC (Accounts Receivable Conversion) <input type="checkbox"/> ECS Auth Only 1. ANNUAL check volume: \$ 2. Average check amount: \$ 3. Maximum check amount: \$ ECS Monthly Minimum: \$ <input type="checkbox"/> Conversion with Guarantee Guarantee Rate: % Per Transaction: \$ <input type="checkbox"/> Conversion with Verification <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$ <input type="checkbox"/> Conversion Only <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$																								
Additional Service Options	Please check box for each additional service option <input type="checkbox"/> NSF Service Fee Processing @ \$2.00 per NSF item. <small>Not applicable for POP Guarantee and all ARC products.</small> <input type="checkbox"/> Enquire Reporting Access: # users: @ \$ each per month <input type="checkbox"/> Turn off return memo advices																								
Gift Card Product Selection and Pricing	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Cards</th> <th style="width:20%;">Card Style</th> <th style="width:15%;">Card Quantity</th> <th style="width:10%;">Price</th> <th style="width:45%;"></th> </tr> <tr> <td></td> <td> <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Custom </td> <td> _____ _____ _____ </td> <td> \$ _____ \$ _____ \$ _____ </td> <td style="text-align:center; vertical-align:middle;">Pricing</td> </tr> </table>	Cards	Card Style	Card Quantity	Price			<input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Custom	_____ _____ _____	\$ _____ \$ _____ \$ _____	Pricing	<input type="checkbox"/> Monthly Pricing: \$ _____ per month (Includes _____ Transactions per Location annually. Additional Transactions billed \$0.29 per Transaction) OR <input type="checkbox"/> Transaction Pricing: \$ _____ per Transaction and \$ _____ per month	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Kits</th> <th style="width:20%;">Options</th> <th style="width:15%;">Price</th> <th style="width:55%;"></th> </tr> <tr> <td> <input type="checkbox"/> Plexi Stand (Kit #1) <input type="checkbox"/> Posters (2)/Buttons (10) (Kit #2) <input type="checkbox"/> Card Badges (25) (Kit #3) </td> <td> <input type="checkbox"/> Card Carriers (enter total cards) # _____ of Style _____ # _____ of Style _____ # _____ of Style _____ <small>(Multiples of 100 only)</small> </td> <td> \$ _____ x _____ \$ _____ x _____ \$ _____ x _____ \$.20 x _____ </td> <td style="text-align:center; vertical-align:middle;">Service Fees</td> </tr> <tr> <td> <input type="checkbox"/> Monthly Online Admin - # _____ Users <input type="checkbox"/> Custom Card Upgrade </td> <td></td> <td> \$ _____ \$ _____ </td> <td> <input type="checkbox"/> Service Fees (Cardholder charged on unused balances) - Custom Cards are required - Service Fee per Transaction \$ _____ - Apply same to all states? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (if no, complete for each state) Fee Amount: \$ _____ Applied: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Beginning: _____ Months After: <input type="checkbox"/> Activation <input type="checkbox"/> Last Transaction Date Lock Balances After: _____ Months of non-use (default 72 Months) </td> </tr> </table>	Kits	Options	Price		<input type="checkbox"/> Plexi Stand (Kit #1) <input type="checkbox"/> Posters (2)/Buttons (10) (Kit #2) <input type="checkbox"/> Card Badges (25) (Kit #3)	<input type="checkbox"/> Card Carriers (enter total cards) # _____ of Style _____ # _____ of Style _____ # _____ of Style _____ <small>(Multiples of 100 only)</small>	\$ _____ x _____ \$ _____ x _____ \$ _____ x _____ \$.20 x _____	Service Fees	<input type="checkbox"/> Monthly Online Admin - # _____ Users <input type="checkbox"/> Custom Card Upgrade		\$ _____ \$ _____	<input type="checkbox"/> Service Fees (Cardholder charged on unused balances) - Custom Cards are required - Service Fee per Transaction \$ _____ - Apply same to all states? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (if no, complete for each state) Fee Amount: \$ _____ Applied: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Beginning: _____ Months After: <input type="checkbox"/> Activation <input type="checkbox"/> Last Transaction Date Lock Balances After: _____ Months of non-use (default 72 Months)
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Money Manager	<input type="checkbox"/> Money Manager Specified Amount _____ <input type="checkbox"/> Working Capital Vendor: _____																								
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Merchant Representations and Certifications.

By signing below, the applicant merchant (“Merchant”) and its representative(s) represent and warrant to Elavon, Inc. (“Elavon”), with offices at 7300 Chapman Highway, Knoxville, TN 37920, and U. S. Bank National Association (“Member”), with offices at U. S. Bancorp Center, 800 Nicollet, Minneapolis, MN 55402, (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 and the Terms of Service (“TOS”). If Merchant does not receive the TOS, please contact our customer service center. Notwithstanding any such non-receipt of the TOS, 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.

Merchant agrees to establish and maintain sufficient funds in an account to accommodate all transactions including, but not limited to, Chargebacks, returns, adjustments, fees, fines, penalties and any other payments due under the Agreement. Merchant authorizes us to credit/debit that account as necessary. In addition to the fees set forth in the Merchant Application, you will pay Elavon at the then current rates for account maintenance (e.g., dda/dba changes), special processing, retraining, equipment swaps and research including, but not limited to, research required to respond to any third party or government subpoena, levy or garnishment on your account.

Merchant understands that we may take any of the following actions if necessary to protect ourselves from financial loss: establish, or require Merchant to establish, a reserve account; impose a processing limit or cap on the dollar amount of sales transactions that we will process for Merchant, which may be changed from time to time with or without notice to Merchant; and/or suspend the processing of transaction receipts for as long as necessary to investigate suspicious, unusual or excessive activity.

Merchant must obtain an Authorization Code via electronic terminal or similar device before completing any transaction. 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.

If Merchant terminates within three years of the date set forth below, Merchant will immediately pay Elavon, as liquidated damages, an early termination fee as disclosed in the “Other Fees” section of this Application, in addition to all other amounts owed. Merchant agrees that the early termination fee is not a penalty, but rather is reasonable in light of the financial harm caused by Merchant’s early termination. Elavon will use best efforts to debit the Merchant’s account in the amount of the applicable termination fee within sixty (60) days of receipt of Merchant’s written notice of termination.

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.

Merchant further acknowledges and agrees that any information provided in connection with this Merchant Application and all other relevant information may be supplied by us to our affiliates.

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.

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. Merchant will be charged either the Annual PCI Fee or the Annual Administration Fee described below.

Annual PCI Fee of up to \$175, based on connectivity, number of merchant locations and then-current cost to Elavon of the services, will be charged to merchants that use the services of the qualified third party assessor with whom Elavon has partnered. Elavon will waive this fee in year one, charging the fee in subsequent years on or about the anniversary date of account approval. Annual Administration Fee of \$35 will be charged to merchants that use the services of another qualified assessor and attest to PCI DSS validation on the website designated by Elavon. 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 \$20 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.

American Express Acceptance Agreement - 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 (“AXP Agreement”), and that all information provided herein is true, complete, and accurate. I authorize Elavon and American Express Travel Related Services Company, Inc. (“AXP”) and AXP’s agents and Affiliates, as defined in the AXP Agreement, to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclosing such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Elavon, AXP, 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 sent a copy of the AXP Agreement and materials welcoming it, either to AXP’s program for Elavon to perform services for AXP or 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 Elavon servicing program, that the entity may be enrolled in American Express’s standard Card acceptance program, and the entity may terminate the AXP 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 AXP Agreement.

DBA

SIGN HERE

Signature

Printed Name & Title

Date

Signature

Printed Name & Title

Date

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) 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 guaranty 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.

SIGN HERE

Signature

Printed Name SSN#

Date

Signature


Printed Name SSN#

Date


Corporate Resolution:

I certify that I hold the office indicated below of Merchant and am the keeper of the records of that company, organized and existing under the laws of the state indicated below and that the following is a correct copy of certain resolutions adopted at a meeting of the board of directors/ general partnership/manager or members of a limited liability company [circle one] in accordance with the by-laws of the company held on the _____ day of _____ (month), _____ (year):

- Resolved that any one of the following officers of the company is authorized to:
 - execute on behalf of this company a Merchant Application and any agreements or other necessary documents including any amendments;
 - execute any document requested from time to time be executed in furtherance of the Merchant Application or relationship resulting there from;
 - perform all acts that may be necessary to carry out the intent of the Merchant Application and these Resolutions.
- Resolved that the Merchant Application and the resulting relationship is ratified and approved;
- Resolved that the entities receiving this Merchant Application are authorized to rely upon this Corporate Resolution until advised in writing by a like certification of any changes and are authorized to rely on such changed certification.

Signature	Name (Print)	Title
_____	 _____	_____
_____	_____	_____
_____	_____	_____

Secretary / Officer / Non-Member Manager (LLC) / Member (LLC) / General Partner / Owner [circle one]

_____	 _____	_____	_____
Signature	Printed Name & Title	Date	State in which Merchant is organized

Submitted By:

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 Representative Signature	Printed Name	Rep ID #	Date

FOR OFFICE USE ONLY:

Accepted by Elavon, Inc.: _____

Accepted by Member: _____