

Application Checklist

Required on all submitted Applications

New Merchant Application

Adding Additional Location

Sales Office Information	
Sales Office Name: Webmart-USA Corp	Sales Office #: (800) 560-2660
Sales Rep Name:	Sales Rep #:
Contact #: (818) 849-0891	Email: webmart-usa@3n.net

Merchant Account Information
Merchant Legal Name:
Merchant DBA Name:

Services Requested	Front-End Platform	Back-End Platform
<input type="checkbox"/> Credit/Debit Card Services <input type="checkbox"/> EBT <input type="checkbox"/> ACH Services <input type="checkbox"/> Cash Advance <input type="checkbox"/> Gift & Loyalty <input type="checkbox"/> Gateway Services <input type="checkbox"/> Voyager <input type="checkbox"/> Wight Express	<input type="checkbox"/> TSYS <input type="checkbox"/> FDMS Nashville <input type="checkbox"/> FDMS Omaha <input type="checkbox"/> FDMS Buypass <input type="checkbox"/> Chase Paymentech <input type="checkbox"/> Global	<input type="checkbox"/> TSYS <input type="checkbox"/> FDMS <input type="checkbox"/> FDMS North <input type="checkbox"/> Global
Additional Location		
Corporate Legal Name:		
Corporate Address:		
Corporate MID#:		
Contact Name:		

Document Check List	
<input type="checkbox"/> Merchant Application & Agreement <small>(Application must match Correct Front & Back End)</small> <input type="checkbox"/> Equipment Request Form <input type="checkbox"/> Voided Check/Bank Letter <input type="checkbox"/> 2 years Financials (If required by UW guidelines)	<input type="checkbox"/> Business Validation (license, utility bill, etc.) <input type="checkbox"/> Impress POS or Other System Forms <input type="checkbox"/> Terminal/POS Rental or Placement Agreement <input type="checkbox"/> Cash Discount Forms (where applicable) <input type="checkbox"/> 2 months Previous Processing Statements

Important Notice: All Merchants Applications must be filled out completely but not limited to the following:

- ✓ Email Address & Telephone Number
- ✓ Social Security Number
- ✓ Personal Guarantee Signed
- ✓ QIR completed & PA-DSS Assestation Signed (POS software only)
- ✓ MOTO Section Completed (merchants processing more than 20% card not present)

Valid See Standard Website Review Requirements for Information on additional requirements for ecommerce/website merchant accounts.

Additional Comments

MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship: _____

Association: _____

Sales Rep Name: _____

Application Date: _____

1. GENERAL INFORMATION		2. BUSINESS LOCATION INFORMATION		3. BUSINESS STRUCTURE	
Client's Business Name (Doing Business As)		Client's Corporate/Legal Name (must match IRS Income Tax filing)			
Location Address		Corporate Address (If different than location)			
City	State	Zip	City	State	Zip
Location Phone		Location Fax		Contact Name	
Customer Service Phone		Prior Security Breach? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Phone	
Business Website Address		Fed Tax ID # (Must match IRS income tax filing)		D&B#	
Multiple Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, # of Locations: _____		Tax Filing Name			
Additional Location to existing MID: _____		Date Business Started		Length of Current Ownership	
Send retrieval/chargeback requests to: <input type="checkbox"/> Corporate Address <input type="checkbox"/> Location Address					
Send monthly statements to: <input type="checkbox"/> Location <input type="checkbox"/> Corporate <input type="checkbox"/> Do Not Mail					
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Govt.(Local/State/Federal) <input type="checkbox"/> 501c/Tax Ex. <input type="checkbox"/> State Filing: _____					
I certify that I am a foreign entity/nonresident alien. <input type="checkbox"/> (If checked, please attach IRS Form W-8)		NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See part IV, Section a.3 of your program guide for further information)			
4. OWNERS/PARTNERS/OFFICERS			5. TRADE REFERENCE		
OWNER/PARTNER/OFFICER 1		OWNER/PARTNER/OFFICER 2		TRADE REFERENCE	
Name:		Name:		Business Name:	
Title: % Ownership		Title: % Ownership		Business Address:	
Home Address:		Home Address:		City: State: Zip:	
City: State: Zip:		City: State: Zip:		Contact:	
Phone DL/ID# Issued State Exp Date		Phone DL/ID# Issued State Exp Date		Telephone:	
Social Security # Date of Birth		Social Security # Date of Birth		Prior Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Business and/or <input type="checkbox"/> Personal Date Discharged: _____	
Email Address		Email Address			
Patriot Act Notice: To fight the funding of terrorism and money laundering, we are required to obtain, verify and record information that identifies each person (including business entities) who opens an account. To allow us to identify you, we will ask for your name, physical address, date of birth and taxpayer ID and may ask for other information, such as your driver's license or other documents.					
6. NATURE OF BUSINESS			7. TRANSACTION INFORMATION (see Section 9 American Express)		
Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Internet <input type="checkbox"/> Government <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Mail/Phone Order <input type="checkbox"/> Petroleum <input type="checkbox"/> Utilities <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> QSR <input type="checkbox"/> Charity/Non Profit <input type="checkbox"/> B2B <input type="checkbox"/> Other: _____					
Requested Monthly Card Volume _____		Card Present Swiped _____		Sales to Consumers _____	
Requested Average Payment Card Ticket _____		Card Present Not Swiped _____		Sales to Business _____	
Requested Highest Payment Card Ticket _____		MOTO _____		Sales to Govt. _____	
Seasonal Merchant? <input type="checkbox"/> Yes <input type="checkbox"/> No J F M A M J J A S O N D		Internet (Ecommerce) _____		Days to Delivery _____	
Previous Processor		Reason for Leaving:			
Description of products and services sold:					
Describe your return policy:					

8. BANKING ACCOUNT INFORMATION				
Deposit Bank Name		Routing #	Account #	ACH Method:
Fees Bank Name		Routing #	Account #	<input type="checkbox"/> Combined <input type="checkbox"/> Individual

9. SERVICE ACCEPTANCE AND FEE SCHEDULE

Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)
 Visa Card Visa Non-Pin Debit MasterCard Credit MasterCard Non-Pin Debit Discover Network American Express Pin Debit

Select VI/MC/Discover Network Discount Plan: (Based on gross sales)
 Tiered Basic Flat Rate
 Pass Through I/C ERR
 Select Pin Debit Discount Plan: _____ Pin Debit Network Fee Pass-Through _____

Discount Payment Method: _____ Daily: _____ Monthly
Assessments: _____ Included _____ Bill Separately
 (If Pass Through I/C-Assessments MUST Bill Separately)

Brand Fees: _____ Included _____ Bill Separately
 (If Pass Through I/C-Brand Fees MUST Bill Separately)

DISCOUNT FEES

Qualification	Disc. Fee (%)	Per Item (\$)	Qualification	Disc. Fee (%)	Per Item (\$)	Qualification	Disc. Fee (%)	Per Item (\$)
MASTERCARD			VISA			DISCOVER NETWORK		
Credit Qual			Credit Qual			Credit Qual		
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
Checkcard Qual			Checkcard Qual			Checkcard Qual		
Checkcard Mid-Qual			Checkcard Mid-Qual			Checkcard Mid-Qual		
Checkcard Non-Qual			Checkcard Non-Qual			Checkcard Non-Qual		
Credit Pass Through I/C			Credit Pass Through I/C			Credit Pass Through I/C		
Checkcard Pass Through I/C			Credit Pass Through I/C			Credit Pass Through I/C		
ERR			ERR			ERR		
Voyager			All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association.					

American Express

			OptBlue	Amex Direct
Qualification	Disc. Fee (%)	Per Item (\$)	OptBlue Monthly Card Volume _____	_____ Order New _____ Use Existing
Credit Qual			OptBlue Average Card Ticket _____	CAP# _____
Credit Mid-Qual			OptBlue Highest Card Ticket _____	Existing SE# _____
Credit Non-Qual			SE# _____	Monthly flat fee of \$7.95 or Discount rate may apply
Credit Pass Through I/C			Select OptBlue Discount Plan: <input type="checkbox"/> Tiered Basic <input type="checkbox"/> Flat Rate <input type="checkbox"/> Pass Through I/C Enhanced Recover Reduction (ERR)	
ERR				

Fee applies to all American Express Program. 0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs. CNP means a charge for which the card is not presented at the point of purchase.

AUTHORIZATION FEES

MONTHLY FEES

Visa/MC/Discover Network _____ Electronic AVS _____ Amex/Fleet/Other _____ Voice Authorization _____ Pin Debit Authorization _____ Voice AVS _____ EBT Authorization _____	Monthly Minimum _____ Industry Compliance _____ Wireless Fee _____ Monthly Service Fee _____ PIN Debit Fee _____ Misc Monthly Fee _____ Industry Non-Compliance (up to \$24.95) _____
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MISCELLANEOUS FEES

MIX MERCHANT FEES

Sales Transaction Fee _____ (per item) Chargeback Fee _____ (per occurrence) Retrieval Fee (all card types) _____ (per occurrence) Return Transaction Fee _____ (per item) Batch Fee _____ (per item) Annual Fee _____ ACH Reject _____ (per occurrence) Annual Fee Bill Month _____	MX Merchant Monthly Fee _____ MX Merchant Plan <input type="checkbox"/> Reporting <input type="checkbox"/> Basic <input type="checkbox"/> Plus MX Gateway Transaction Fee <input type="checkbox"/> Premium <input type="checkbox"/> Enterprise Bill to <input type="checkbox"/> Statement <input type="checkbox"/> Separate
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In the event that this agreement is terminated early, Merchant will be responsible for the payment of _____ early termination fee in accordance with Part III, Section A.3 of the Merchant Program Guide.

10. OTHER CARD TYPES

Accept EBT <input type="checkbox"/> Yes <input type="checkbox"/> No Accept EBT Cash Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No Form 201	Order Voyager <input type="checkbox"/> Yes <input type="checkbox"/> No Order Wright Express <input type="checkbox"/> Yes <input type="checkbox"/> No (Must attach Wright Express application and Debranding letter with app copy)	Order ACH/Check Services <input type="checkbox"/> Yes <input type="checkbox"/> No (Must attach addendum with app copy) Order Gift Card <input type="checkbox"/> Yes <input type="checkbox"/> No (Must attach addendum with app copy)
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11a. EQUIPMENT / PROCESSING METHODApplication Type: Retail Retail w/Tip MOTO Restaurant w/Tip Quick Serve Restaurant (no tip) Hotel Auto Rental

Terminal Features	Yes	No		Yes	No		Yes	No
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card	<input type="checkbox"/>	<input type="checkbox"/>	Invoice/Purchase Order#	<input type="checkbox"/>	<input type="checkbox"/>
AVS + Cvv2	<input type="checkbox"/>	<input type="checkbox"/>	Server/Clerk #	<input type="checkbox"/>	<input type="checkbox"/>	Auto Close: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, time? _____	

P Connection? Yes No If yes, Terminal Serial _____ Special Requests(Multi-Mid, Dial 9, etc) _____
 Wireless? Yes No Wireless Info: MAN/Serial _____ SIM Card Number _____

TYPE OF EQUIPMENT	PRODUCT NAME	QTY	DEPLOYMENT
<input type="checkbox"/> Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR			<input type="checkbox"/> Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order(attach order form)
<input type="checkbox"/> Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR			<input type="checkbox"/> Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order(attach order form)
<input type="checkbox"/> Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR			<input type="checkbox"/> Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order(attach order form)
<input type="checkbox"/> Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR			<input type="checkbox"/> Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order(attach order form)

Manufacturer/product/version of PC/Internet Software _____Do you use any third party to store, process, or transmit cardholder data? Yes No

If Yes, give name/address: _____

Order Lease _____ Lease Company _____ 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 for details.

This is a NON-CANCELLABLE lease for the full term indicated.

Client's Initials: _____

11b. CARD NOT PRESENT INFORMATION**If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.**

1. Please submit your product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with cardholder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.
2. If Internet, please check your type of business:

Web Hosting Domain Registration Web Page Design Auction Internet Service Gateway Selling Digital Service
 Advertisement Selling Hard Goods Other: _____

If using the Internet, list encryption method, vendor, and controls used to secure transaction information: _____

3. How will the product be advertised or promoted? _____

4. Billing Methods: (Check all that apply)

___ Monthly-___% ___ Yearly-___% ___ Quarterly-___% ___ One Time-___% ___ Hourly-___%

5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased. _____

6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor name, address, and phone number in full: _____

7. Please describe how a sale takes place from beginning of order until completion of fulfillment: _____

12.a. SITE INSPECTION (Completed by Sales Agent)

I have personally conducted a Site Inspection for this Merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if Applicable), and represent that the information in this merchant's application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed): _____ Signature: _____

13. SIGNATURES

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 Program Guide (Version PPS0714) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. 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 7, Transaction Information section and Section 9, American Express 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 appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes WEBMART-USA, Corp. and SYNOVUS Bank ("BANK") and their respective 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 WEBMART-USA, Corp. and BANK and their respective 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.

Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes WEBMART-USA, Corp. and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Social Security numbers are classified as "Confidential" information under WEBMART-USA, Corp. As such, Social Security numbers may only be accessed by and disclosed to WEBMART-USA, Corp. team members and others with a legitimate business "need to know" in accordance with the provision of the information applicable to Confidential information. These restrictions apply to all Social Security numbers collected or retained by WEBMART-USA, Corp.

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 WEBMART-USA, Corp. and BANK.

Client's Business Principal/Officer

Signature: _____ Title: _____
Print Name of Signer: _____ Date: _____
Signature: _____ Title: _____
Print Name of Signer: _____ Date: _____

Personal Guarantee: In exchange for WEBMART-USA, Corp. and Synovus Bank (the Guaranteed Parties) acceptance of, as applicable, the Agreement and/or the Equipment Lease Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the forgoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the forgoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the forgoing agreements, as applicable.

Personal Guarantee
Signature: _____ Print Name: _____ Date: _____

Personal Guarantee
Signature: _____ Print Name: _____ Date: _____

Accepted By
WEBMART-USA, Corp.
P.O. BOX 2372 Lancaster, CA. 93534

Synovus Bank
1111 Bay Ave, Columbus, GA. 31901

Signature: _____ Signature: _____

ADDENDUM – SERVICES AGREEMENT FOR THE CARD PAYMENT DISCOUNT PROGRAM

This Services Agreement (this "Agreement") for the Card Payment Discount Program (the "Discount Program") is made this ____ day of ____, 20____, by and among WEBMART-USA, Corp. having its principal office at Lancaster, CA. ("DTI"), an Idaho Corporation having its principal offices at 384 Clearwater Loop, Ste R., Post Falls, ID. 83854 and _____ ("Merchant") having its place of business at (address) _____.

1. Establishment of Service Relationship. WEBMART-USA, Corp. and Merchant are parties to a separate Merchant Processing Agreement (the "MPA") contemplating WEBMART-USA, Corp. provision to Merchant of payment processing services. The purpose of this Agreement is to set forth the terms and conditions under which Merchant can participate in the Discount Program pursuant to which WEBMART-USA, Corp. and DTI will provide Merchant certain administrative services ("the Services"). Merchant has submitted a merchant processing application and agrees that WEBMART-USA, Corp. can rely on all representations made therein when making decisions to include Merchant in the Program and to provide the Services. As part of the Services, WEBMART-USA, Corp. will pay on behalf of Merchant certain card-present based interchange processing costs and per item interchange transaction fees, excluding the following fees: Visa Fixed Acquirer Network Fee (FANF), MasterCard Acquiring Licensing Fee (MALF), Visa/MC Credit Acquirer Fees, chargeback sales amount, chargeback-retrieval fees, non-swiped keyed fees, telephone transaction fees, dues & assessments, international fees, foreign card and related fees, B2B, and commercial card transaction fees, as well any additional ancillary fees which may be imposed (the "Excluded Fees"). In addition, Merchant agrees to pay ____cents or ____% per card payment transaction billed monthly. (the "Shared Fees")

2. **Compliance; Signage; Equipment.** Merchant agrees to comply with all applicable regulatory provisions such as card association rules and PCI-DSS SECURITY compliance. **A material element of compliance with the Discount Program is Merchant's installation of clear and conspicuous signage related to the Discount Program (the "Signage") at the Merchant's point-of-sale. WEBMART-USA, Corp. shall provide Merchant Signage at no charge and Merchant agrees to install and maintain at all times then current signage (which may be more than one sign) at its point of sale and to ensure that it is visible to the public. In addition, Merchant agrees to install replacement signage and/or window sticker decals as required by WEBMART-USA, Corp.** Merchant acknowledges and agrees that WEBMART-USA, Corp. may require Merchant to install specific point of service terminals and equipment to facilitate the proper operation of the Services at then current fees. Merchant agrees to not let any other person or company interfere with the operation of the terminal equipment provided by WEBMART-USA, Corp. or install or allow to have installed any other processing equipment on the premises. Where equipment must be replaced, Merchant may be required to package the replaced equipment for courier service and pay delivery costs for the equipment replacement.

3. Product Pricing, Discounts, and Customer Service Charge. As stated on the current disclosure signage Merchant agrees as part of its standard, list product pricing that a "Customer Service Charge" ("CSC") will be established and assessed on all sales including cash, checks, credit & debit card. Merchant agrees to establish the initial CSC amount of 3.99 % or \$ ____ per transaction. Merchant agrees to separately apply a discount (as set forth on related signage) to its customers who choose to pay with cash or check at the point of sale. No discount will be applied to customers paying by credit or debit card. In the event the monthly average card sale amount is greater than the amount disclosed in the merchant processing application. Merchant agrees to increase the CSC as required by WEBMART-USA, Corp. or pay the difference. Merchant agrees to NOT provide cash back, extra cash, change, or any other form of additional funds which may cause the total card payment transaction amount to increase above the initial average sales ticket amount.

4. Term. The term of this Agreement is three (3) years and, unless otherwise notified in writing within thirty (30) days prior to expiration of the then current term, shall automatically renew for additional one (1) year terms. WEBMART-USA, Corp. may terminate the Services to Merchant and the Discount Program at any time.

5. Payment Provisions. Merchant agrees to pay all fees and expenses payable under this Agreement by ACH debit. Fees include but are not limited to: (i) the Excluded Fees and Shared Fees. (ii) amounts to cover increases to compensate for charges in the average card sale amounts. (iii) a \$25 charge per occurrence for any payment amounts that are rejected or charged back; (iv) a \$8.50 monthly or a \$129.00 annual fee per location for PCI compliance, (v) a \$19.95 monthly fee for a failure by Merchant to comply with PCI-DSS security standards, (vi) a \$ ____ monthly Discount Program account fee; (viii) a \$0.10 EBT Transaction fee & a \$ ____ EBT monthly Access fee, only if Business Owner accepts EBT. Rules and regulations of the debit and credit card payment networks – subject to change & additional fees; (ix) a Next Day Funding Fee of \$8.50 if the option is selected by Merchant; (x) a \$ ____ WEBMART-USA, Corp. Discount Mall monthly program fee; (xi) a \$29.95 monthly invalid TIN; and (xii) any costs and expenses (including attorney's fees) resulting from Merchant's breach of contract, willful

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misconduct or gross negligence. Merchant agrees that WEBMART-USA, Corp. has the authority to increase or lower the CSC or any other fees as business conditions or regulatory requirements change.

6. Notice. Notices provided hereunder shall be in writing and shall be deemed given (i) if by hand delivery, upon receipt, (ii) if mailed, three (3) days after deposit in the mail, postage prepaid, certified mail, return receipt requested, or (iii) if by next day delivery service, upon such service. All notices shall be addressed as set forth in the first paragraph hereof.

7. General Provisions. This Agreement is freely assignable by WEBMART-USA, Corp. This Agreement is only assignable by Merchant with WEBMART-USA, Corp. consent, in its sole discretion. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns. If any provision of this Agreement is held unenforceable, the enforceability of the remaining provisions shall in no way be affected or impaired thereby and this Agreement shall be enforced as fully as possible, and the unenforceable provision shall be deemed modified to the extent required to permit its enforcement in a manner most closely representing the intention of the parties. The failure by any party to exercise or any delay in exercising right or power under this Agreement shall not operate as waiver of any such right or power. Except as otherwise provided in this Agreement, no provision of this Agreement may be amended, modified or waived except by a writing signed by both parties. This Agreement including all attachments constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes and merges all previous proposals, negotiations, representations, writings, agreements, and communications, both oral and written. The parties are independent contractors, and nothing in this Agreement shall be construed to constitute, create or imply them to be joint ventures, partners, employees, agents or other representatives of the other party. The parties shall execute and deliver such other instruments and documents, and take such other actions, as a party reasonably requests or as are necessary or appropriate to evidence or effect the transactions contemplated by this Agreement. Neither party shall have authority to make any statements, representations, or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing. Any provisions which by their nature should survive termination of this agreement shall survive. This agreement shall be governed by the laws of the state of **New York**. Any actions to enforce this agreement shall be brought within the state or federal courts of the state of **New York** and the parties submit its jurisdiction. The parties waive any and all rights to a trial by jury.

In Witness Whereof: All parties represent and warrant that on the date first written above, they are authorized to enter into this Agreement and duly bind Merchant by their signatures below:

WEBMART Name & Title	Merchant Name & Title
X:	X:

Date: _____ Date: _____

ACH Authorization: Merchant hereby authorizes WEBMART-USA, Corp., Debit Technologies, Inc, Bank of The West and Colorado State Bank and Trust to Automated Clearing House debit/credit/transfer my bank account indicated below on or before the last day of each month for payment for all accounts payable hereunder. This Automated Clearing House authorization cannot be revoked until all obligations under this Agreement are satisfied and merchant provides WEBMART-USA, Corp. written notice of revocation. Merchant agrees to notify WEBMART-USA, Corp. in writing of any changes in its account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank.

Authorized Signer's Name:	Title:
X:	Date:

____ Checking ____ Savings Bank Routing # _____

Name on Acct: _____ Account #: _____

Bank Name: _____ Bank City/State: _____

INDIVIDUAL GUARANTY: I hereby guaranty to WEBMART-USA, Corp., its successors and assigns, the full, prompt, and complete performance by Merchant of Merchant's obligations hereunder, including, but not limited to, all monetary obligations arising from Merchant's performance or nonperformance of this agreement, whether before or after termination of this agreement. The undersigned agrees to be bound by the Agreement and this Guaranty.

Signer's Name:	Title:
X:	Date:

PART 1: CONFIRMATION PAGE

PROCESSOR INFORMATION

NAME: WEBMART-USA, Corp.

ADDRESS: P.O. Box 2372, Lancaster, CA, 93534

EMAIL: webmart-usa@3n.net **Customer Service #:** 800-560-2660

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you. From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- 1. Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
- 2. We may debit your bank account** from time to time for amounts owed to us under the Agreement.
- 3. There are many reasons why a Chargeback may occur.** When they occur, we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
- 4. If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
- 5. The Agreement limits our liability to you.** For detailed description of limitation of liability see Section 21 of the Card Processing General Terms.
- 6. We have assumed certain risks** by agreeing to provide you with Card Processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms, Events of Default Section 24 and, Reserve Account, Security Interest 25), under certain circumstances.
- 7. By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
- 8. The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part III, Section A.3 of the Merchant Program Guide.
- 9. If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **This is a NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**
- 10. For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-855-813-5293, and/or refer to important Phone Numbers on the Additional Important Page, Part III, Section A.4.**

11. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Synovus Bank

The Bank's mailing address is 1111 Bay Avenue, Columbus, Georgia 31901, and its phone number is (706) 649-4900.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) 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.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserves that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements. B) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain assigned copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <http://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- g) You may download "MasterCard Regulations" from MasterCard website at: <http://www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf>

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [versionPPS0714(ia)] consisting of 34 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client also understands that a copy of the Program Guide is also available for downloading from the Internet at: <http://chfs.us/programguide>

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.

Client's Business Principal:

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included herein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Priority Payment System's privacy policy can be found at www.prioritypaymentsystems.com.

Section 1: Merchant Application Information (Must match information in Merchant's Application): Date Application Signed (by Authorized Signer named below): _____
 Merchant Legal Name: _____ Merchant Federal Tax ID (as it appears on income tax return): _____ Merchant State of
 formation/Incorporation: _____ Merchant Address: _____ Merchant Entity Type: _____

Section 2: Beneficial Ownership and Management Information: Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title			% of Legal Entity Ownership: ____%
Individual's Home Address (no P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer ID No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other:	State/Country of issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title			% of Legal Entity Ownership: ____%
Individual's Home Address (no P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer ID No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other:	State/Country of issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title			% of Legal Entity Ownership: ____%
Individual's Home Address (no P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer ID No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other:	State/Country of issuance	Date Issued	Expiration Date	Number on ID:
<input type="checkbox"/> Control Prong (and/or additional Beneficial Owner) Legal Name	Title			% of Legal Entity Ownership: ____%
Individual's Home Address (no P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer ID No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other:	State/Country of issuance	Date Issued	Expiration Date	Number on ID:

*For US persons, provide unexpired Driver's License unless there is none; for non-US persons, ID type may be unexpired Resident Alien ID, or Passport/Other ID± and country if issuance.

± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures: The undersigned Authorized Signer, listed above as beneficial owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Authorized Signer Signature _____ Date Signed _____ Authorized Signer Printed Name _____ Processor's Rep. Signature _____ Date Signed _____ Processor's Rep. Printed Name _____

Form 203

Equipment Setup Form

Required with all Merchant application and new equipment request

New Merchant (submit with Merchant Processing Agreement) Existing Merchant (email to webmart-usa@3n.net)

SALES OFFICE INFORMATION *ALL INFORMATION REQUIRED*			MERCHANT INFORMATION *ALL INFORMATION REQUIRED*				
Sales Office Name:			MID#:				
Sales Rep Name:			DBA Name:				
Sales Office Address:			DBA Address:				
City:	State:	Zip:	City:	State:	Zip:		
Contact #:		Email:	Contact #:		Email:		
Contact Name:			Contact Name:		Website:		
TERMINAL & PIN PAD REQUESTED							
QTY	Equipment Manufacturer & Model (Ex: Ingenico ICT220, Dejavoo Z9)	Equipment Serial #	Encryption Type	Order Type			
	Not Selected		None	Not Selected			
	Not Selected		None	Not Selected			
	Not Selected		None	Not Selected			
	Other (indicate Model)						
	Other (indicate Model)						
TERMINAL & PIN PAD OPTIONS							
Time Zones	Merchant Program Type		Communication	Restaurant Options	Batch Options		
<input type="checkbox"/> Eastern	<input type="checkbox"/> Retail	<input type="checkbox"/> Ecommerce	<input type="checkbox"/> IP	<input type="checkbox"/> Add Tip Line	<input type="checkbox"/> Auto Batch		
<input type="checkbox"/> Central	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Dial	<input type="checkbox"/> Add Servers	<input type="checkbox"/> Manual Batch		
<input type="checkbox"/> Mountain	<input type="checkbox"/> Lodging	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Dial 9		Time:	<input type="checkbox"/> AM	
<input type="checkbox"/> Pacific	<input type="checkbox"/> Mail Order/Telephone	<input type="checkbox"/> Other	<input type="checkbox"/> Wireless		Default Time:	<input type="checkbox"/> PM	
Gateways		Wireless Services (provided by True Fast Mobile)		Other Services			
Services Requested		Services Requested		Services Requested			
<input type="checkbox"/> Impress Pay	<input type="checkbox"/> ProCessa Mobile	<input type="checkbox"/> 3G	<input type="checkbox"/> 4G (tablets/phones only)	<input type="checkbox"/> 5G	<input type="checkbox"/> Pin Debit	<input type="checkbox"/> Gift/Loyalty Cards	
<input type="checkbox"/> CHFS (NMI)	<input type="checkbox"/> I-Process Mobile	Set up Fee:	Monthly Fee:		<input type="checkbox"/> EBT	<input type="checkbox"/> Cash Advance	
<input type="checkbox"/> Customer Vault	<input type="checkbox"/> Website Creation	Per Item Fee:	SIM Card Fee:				
Setup Fee	Monthly Fee	Payment Method					
		*Signed ACH agreement Required for Merchant Billing					
		**Signed Rental or Placement Agreement Required if selected					
			Equipment		Shipping		
Per Item Fee			<input type="checkbox"/> ISO/Residuals	<input type="checkbox"/> Placement Program	<input type="checkbox"/> ISO Residuals		
3 rd Party Gateways & VARS							
<input type="checkbox"/> Merchant ACH			<input type="checkbox"/> Rental Program		<input type="checkbox"/> Merchant ACH		
<input type="checkbox"/> Authorize.net	<input type="checkbox"/> Shopkeep	Shipping & Delivery					
<input type="checkbox"/> Bambora	<input type="checkbox"/> Clover	<input type="checkbox"/> ISO Address <input type="checkbox"/> Merchant DBA Address <input type="checkbox"/> Other (add below)					
<input type="checkbox"/> Other:							
Setup Fee:			<input type="checkbox"/> Ground	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> Next Day	<input type="checkbox"/> Overnight
Monthly Fee:			Attention:		Business Name:		
Per Item Fee:			Street Address:				
*Additional Paperwork Required for Shopkeep & Clover			City:	State:	Zip:		

Authorized Signature: _____

Date: _____

EQUIPMENT SERVICES ADDENDUM

Equipment Information					
QTY	Equipment	Encryption Type (platform)	Order Type (Rental, Placement, Purchase, File Build)	Cost	Frequency

RENTAL OR PLACEMENT AUTHORIZATION-

MERCHANT ACKNOWLEDGES AND AGREES AS FOLLOWS: The equipment provided hereby (the "equipment") is the property of WEBMART-USA, CORP. and is being provided by WEBMART-USA, CORP. to the Merchant for Merchants' use solely in processing lawful bank card and/or ACH and/or debit card transactions. (Collectively "Transactions") **Merchant may return the Equipment at any time without penalty** as long as Merchant maintains the equipment in good and working condition, normal wear and tear accepted, and shall return the equipment in good and working order within 10 days from the date WEBMART-USA, CORP. requests the return of the equipment. If the Equipment is not returned within 10 days in good and working order, Merchant agrees to pay the Terminal Replacement Price of \$ _____. This agreement applies to each piece of equipment listed.

CREDIT DEBIT AUTHORIZATION- Include a voided check or bank letter verifying Bank Account Information.

MERCHANT ACKNOWLEDGES AND AGREES AS FOLLOWS FOR ALL EQUIPMENT PURCHASES, SOFTWARE LICENSE FEES, SHIPPING, PROGRAMMING OR OTHER FEES: Merchant hereby authorizes WEBMART-USA, CORP. and Synovus Bank, Columbus, GA ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers and depository transfer checks to and from the referenced account, for the purposes set forth in this Agreement, including payment of the Rental Fee, the Terminal Replacement Fee, Software License Fees and the EFT. Any payment (whether paid by debit or other means) which is not honored by Merchants' bank for any reason shall be subject to a return item service charge of \$25. This Automated Clearing House authorization cannot be revoked until all obligations under this Agreement are satisfied and merchant provides WEBMART-USA, CORP. written notice of revocation. This authorization shall otherwise remain in full force for a period extending 30 days after the Equipment has been returned to WEBMART-USA, CORP.

IF PAYING BY CREDIT CARD

MasterCard Visa American Express Discover Other: _____

Credit Card Number: _____ Expiration Date: _____

I attest that I have authorization to approve, and hereby authorize WEBMART-USA, CORP. to charge this credit card for such goods and/or services as listed.

COMPANY Card Billing Address: _____

State: _____ **Zip:** _____

THIS AGREEMENT APPLIES TO EACH PIECE OF EQUIPMENT, SOFTWARE OR SERVICE LISTED.

Merchant's Authorized Signer Printed Name: _____

Owner/Officer Signature: _____ Date: _____

INDIVIDUAL GUARANTY: I hereby guaranty to WEBMART-USA, CORP., its successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under this Agreement, including, but not limited to, all monetary obligations arising out of Merchant's performance or nonperformance under this Agreement, whether arising before or after termination of this Agreement. The undersigned, by signing below, agrees to be bound by the Agreement and this Guaranty.

Merchant's Authorized Signer Printed Name: _____

Owner/Officer Signature: _____ Date: _____

CASH DISCOUNT PROGRAM DOWNLOAD FORM

MERCHANT	
DBA Name:	Platform
Address:	Stand Alone <input type="checkbox"/>
City:	Impress POS <input type="checkbox"/> M <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Pro
State: Zip:	Impress Gateway <input type="checkbox"/> -FP
Phone:	Notes:
Coagent:	

TERMINAL	
Terminal Type: <input type="checkbox"/> Z8 QTY:____ <input type="checkbox"/> Z9 QTY:____ <input type="checkbox"/> Z11 QTY:____ <input type="checkbox"/> Other:_____	
Pin Pad Type: <input type="checkbox"/> Z3 QTY:____ <input type="checkbox"/> Z6 QTY:____ <input type="checkbox"/> Z1 QTY:____	
<input type="checkbox"/> IP <input type="checkbox"/> Dial <input type="checkbox"/> WiFi <input type="checkbox"/> GPRS <input type="checkbox"/> CRD <input type="checkbox"/> CCD <input type="checkbox"/> DCD	
SVC Fee_____ %Fee_____ Pays CR/DB <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ancillary Fee <input type="checkbox"/> Yes= Dues & Assessments are passed on to Merchant <input type="checkbox"/> No= Dues & Assessments are not passed on to the Merchant	
File Build Type: <input type="checkbox"/> Retail <input type="checkbox"/> Auto Close Time: _____AM <input type="checkbox"/> PM <input type="checkbox"/> <input type="checkbox"/> Retail w/TIP <input type="checkbox"/> Restaurant <input type="checkbox"/> Servers	
<input type="checkbox"/> AVS/CVV2 <input type="checkbox"/> AMEX <input type="checkbox"/> EBT <input type="checkbox"/> NDF	
Additional Notes:	

PURCHASE EQUIPMENT <input type="checkbox"/>	
SHIP TO: <input type="checkbox"/> Merchant <input type="checkbox"/> Agent <input type="checkbox"/> UPS-GRD <input type="checkbox"/> FEDEX-Overnight	
Additional Notes:	

Static IP / CGI- CONFIGURATIONS	
<input type="checkbox"/> CGI Integration	
IP1: _____	Gateway: _____ Subnet Mask: _____
IP2: _____	DNS1: _____ DNS2: _____
IP3: _____	

Authorized Signature: _____

Date: _____



PO BOX 2372
Lancaster, CA. 93539
(800) 560-2660
www.webmart-usacorp.com

MERCHANT PROCESSING AGREEMENT ADDENDUM NEXT DAY FUNDING

EXISTING MERCHANT ACCOUNT INFORMATION

DBA Name: _____ MID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Merchant Email: _____

FEES

YES! I would like to enroll in the Next Day Funding Program. I understand an additional monthly fee of \$ 8.50 will be applied to my current monthly statements.

I, _____ owner/officer/principal of the merchant account referenced above hereby acknowledge, agree, and understand acceptance into the Next Day Funding Program will be at Priority Payment Systems sole discretion and I may or may not be accepted into the Next Day Funding Program. Further, Priority Payment Systems may remove my account from the NDF Program at any time, for any reason. Except as addended here, the Agreement shall remain in full force and effect. If there is any inconsistency between the terms of this Addendum and the terms of the Merchant Processing Agreement, the terms of this Merchant Processing Agreement shall govern. All payments are provisional and are subject to, without limitation, additional fees, chargebacks, withholding, set off, security, and reserve rights. Priority Payment Systems or Bank will not be liable for any delay in receipt of funds, fees, or any delays, or errors in debit or credit entries caused by third parties, including but not limited to, any Associations or your financial institution. See Section 17, Settlement of Card Transactions of the Terms and Conditions of the Agreement.

*Next Day Funding is subject to approval and all POS Device batch(es) must be closed by 9pm EST/6pm PST.

Signature: _____ Date: _____

Print Name and Title: _____

ISO Information (For Internal Use Only)

Sales Rep #: _____ Sales Rep Name: _____