MERCHANT PROCESSING AGREEMENT - MERCHANT APPLICATION

CSDE:	☑ NEW LOCATION ■ OWNERSHIP CHANGE ■ ADDITIONAL LOCATION

AGENT NAME MARK AKERS	REP CODE DP361	OFFICE USE ONLY	SIC CODE
OFFICE PHONE 601-927-1487	OFFICE CODE GPBRD		FAIR ISAAC SCORE

01 | MERCHANT INFORMATION

NAME OF ACCOUNT (DOING BUSINESS AS) MADISON COUNTY			EXACT LEGAL NAME MADISON COUNTY JUSTICE COURT			
DBA ADDRESS (IF DIFFERENT FROM LEGAL)			LEGAL ADDRESS 2961 South Liberty Street			
CITY	STATE	ZIP	CITY CANTON		STATE MS	ZIP 39046
AUTHORIZED CONTACT SHEILA TAYLOR	DATE OF BIRTH		TELEPHONE # 601.855.5619	FAX # 601.859.2570	FEDERAL TAX I.D. NUMBER (9 DIGITS)	
MERCHANT E-MAIL ADDRESS (AGENT E-MAIL ADDRESS CANNOT BE ACCEPTED) sheila.taylor@madison-co.com			WEBSITE ADDRESS			

✓ GO GREEN - OPT IN FOR PAPERLESS STATEMENTS (MUST PROVIDE E-MAIL ADDRESS)

TYPE OF OWNERSHIP: ■ SOLE PROPRIETOR ■ PARTNERSHIP ■ CORPORATION ■ LLC ■ NON-PROFIT ☑ GOVERNMENT ■ ASSOCIATION

02 | MERCHANT PROFILE

MERCHANDISE/SERVICE SOLD: COURT COLLECTIONS, FINES

YEARS IN BUSINESS: 100	MONTHLY VOLUME: $ 25,000
AVERAGE TICKET AMOUNT: $ 200	HIGHEST TICKET AMOUNT: $ 1500

PERCENT OF BUSINESS

CARD SWIPED	90 %
MANUAL KEY WITH IMPRINT	5 %
CARD NOT PRESENT	5 %
TOTAL	100%

HAS MERCHANT PREVIOUSLY ACCEPTED CREDIT CARDS? ☑ YES ■ NO PROCESSOR: NCOURT

HAVE YOU BEEN PREVIOUSLY TERMINATED BY ANOTHER ACQUIRER? ■ YES ☑ NO IF YES, NOTE REASON FOR TERMINATION:

DOES MERCHANT CONDUCT BUSINESS SEASONALLY? ■ YES ☑ NO
IF SEASONAL, INDICATE OPERATING MONTHS: ■ JAN ■ FEB ■ MAR ■ APR ■ MAY ■ JUN ■ JUL ■ AUG ■ SEP ■ OCT ■ NOV ■ DEC

DOES MERCHANT USE A FULFILLMENT HOUSE? ■ YES ☑ NO

WHEN IS THE CARDHOLDER BILLED FOR PRODUCTS/SERVICES? ☑ ON ORDER ■ SHIPMENT

DELIVERY OF PRODUCTS: ☑ TIME OF SALE ■ 1-3 DAYS ■ 3-5 DAYS ■ 5-15 DAYS ■ 15 DAYS +

E-COMMERCE MERCHANTS ONLY

SERVICE PROVIDER:	DOES YOUR SITE HAVE A SECURE CERTIFICATE? ■ YES ☑ NO
LIST ALL APPLICABLE URLS FOR YOUR WEBSITE:	IF E-COMMERCE, DO YOU USE A FULFILLMENT CENTER? ■ YES ☑ NO IF YES, PLEASE LIST CONTACT INFORMATION:

03 | BANKING INFORMATION

NAME OF MERCHANT'S BANK	CONTACT	BANK LOCAL TELEPHONE #
ROUTING/ABA #	DBA CHECKING ACCOUNT	

In accordance with the Merchant Processing Agreement and Gateway Services Agreement, fund transfers will be made to/from the account set forth in the enclosed voided check or bank letter.

04 | CERTIFICATION OF BENEFICIAL OWNER(S)

I: BENEFICIAL OWNERSHIP INFORMATION: Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interest of the legal entity listed on this form. If no individual meets this definition, please enter the business's owners or officers and enter 0% as "% of ownership".

#1	LAST NAME	FIRST NAME		M.I.	DOB		% OF OWNERSHIP 0	
ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP	SSN (US PERSONS)		
EMAIL ADDRESS	MOBILE #	ID TYPE	ID #	EXP. DATE	ISSUING STATE/COUNTRY	PASSPORT # (NON-US CITIZENS)		
#2	LAST NAME	FIRST NAME		M.I.	DOB		% OF OWNERSHIP	
ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP	SSN (US PERSONS)		
EMAIL ADDRESS	MOBILE #	ID TYPE	ID #	EXP. DATE	ISSUING STATE/COUNTRY	PASSPORT # (NON-US CITIZENS)		

04 | CERTIFICATION OF BENEFICIAL OWNER(S) cont'd

#3	LAST NAME	FIRST NAME	M.I.	DOB	% OF OWNERSHIP
ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP	SSN (US PERSONS)
EMAIL ADDRESS	MOBILE #	ID TYPE / ID #	EXP. DATE	ISSUING STATE/COUNTRY	PASSPORT # (NON-US CITIZENS)

#4	LAST NAME	FIRST NAME	M.I.	DOB	% OF OWNERSHIP
ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP	SSN (US PERSONS)
EMAIL ADDRESS	MOBILE #	ID TYPE / ID #	EXP. DATE	ISSUING STATE/COUNTRY	PASSPORT # (NON-US CITIZENS)

II: MANAGING RESPONSIBILITY (REQUIRED): Provide information below for one individual with significant responsibility for managing the legal entity previously listed on this form, such as, an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. If appropriate, an individual listed in C: BENEFICIAL OWNERSHIP INFORMATION (above) may be listed in this section. **INDIVIDUAL WITH SIGNIFICANT CONTROL:**

LAST NAME	FIRST NAME	M.I.	DOB	% OF OWNERSHIP 0
ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP	SSN (US PERSONS)
ID TYPE / ID #	EXP DATE	ISSUING STATE/COUNTRY		PASSPORT # (NON-US CITIZENS)
EMAIL ADDRESS	MOBILE #	TITLE		

05 | MERCHANT ACCOUNT RATES

MERCHANT TYPE: ■ RETAIL ■ RESTAURANT ■ FUEL ■ SUPERMARKET ■ LODGING ■ MOTO ■ E-COMMERCE

☐ **OPTION 1 - ADVANTAGE PROGRAM PRICING**
PRICING FOR VISA/MASTERCARD/DISCOVER:
ADVANTAGE PROGRAM: _____%

☐ **PRICING FOR AMERICAN EXPRESS OPT BLUE PROGRAM:**
SAME RATE AS CREDIT/DEBIT FOR VISA/MASTERCARD/DISCOVER

☐ **OPTION 2 - FLAT RATE PRICING**
PRICING FOR VISA/MASTERCARD/DISCOVER:
FLAT RATE: _____ %

SELECT ONE:
☐ **PRICING FOR AMERICAN EXPRESS OPT BLUE PROGRAM:**
BUNDLED: _____% + _____¢

☐ **PRICING FOR AMERICAN EXPRESS ESA PROGRAM:**
SE NUMBER: _____ TRANSACTION FEE: 25 ¢

☐ **OPTION 3 - SIMPLECHANGE PRICING**
PRICING FOR VISA/MASTERCARD/DISCOVER:
☐ NET ☐ GROSS
CREDIT/DEBIT: SIMPLECHANGE, DUES & ASSESSMENTS + _____%

SELECT ONE:
☐ **AMERICAN EXPRESS OPT BLUE PROGRAM:**
SAME RATE AS CREDIT/DEBIT FOR VISA/MASTERCARD/DISCOVER

☐ **AMERICAN EXPRESS ESA PROGRAM:**
SE NUMBER: _____

All AMEX transactions will be charged a AMEX 0.25% Sponsorship Fee and as applicable a Card Not Present Fee of 0.30% and a Cross Border Transaction Fee of 0.40%. Fees or charges may be added or changed by an amendment to the Merchant Processing Agreement with 30 days notice. AMEX ESA Program acceptance will be assessed at the same processing rates of Visa/Mastercard/Discover.

☒ **OPTION 4 - INTERCHANGE PLUS PRICING**
PRICING FOR VISA/MASTERCARD/DISCOVER:
☐ NET ☐ GROSS
CREDIT: INTERCHANGE, DUES & ASSESSMENTS + _____%
DEBIT: INTERCHANGE, DUES & ASSESSMENTS + _____%

SELECT ONE:
☐ **PRICING FOR AMERICAN EXPRESS OPT BLUE PROGRAM:**
COST PLUS: AMEX COST + _____ % + _____ ¢

☐ **AMERICAN EXPRESS ESA PROGRAM:**
SE NUMBER: _____

Please review the Merchant Processing Agreement at www.shift4.com/legal for additional information on which interchange programs apply. "AMEX Cost" includes all Interchange/Discount, Dues, Assessments, surcharges, plus an AMEX 0.25% Sponsorship Fee applicable for AMEX transactions. For more information on interchange rates visit www.visa.com, www.mastercard.com or www.americanexpress.com. The following surcharges also apply to American Express transactions when applicable: Card Not Present Fee of 0.30% and Cross Border Transaction Fee of 0.40%. Fees or charges may be added or changed by an amendment to the Merchant Processing Agreement with 30 days notice. AMEX ESA Program acceptance will be assessed at the same processing rates of Visa/Mastercard/Discover credit section.

☐ **OPTION 5 - TIERED PRICING**
PRICING FOR VISA/MASTERCARD/DISCOVER:
SELECT ONE: ☐ 2 - TIER (MOTO/E-COMMERCE ONLY) RATE 1: _____ RATE 2: RATE 1 + 1. + 10¢
☒ 3 - TIER RATE 1: _____ RATE 2: RATE 1 + 1. + 10¢ RATE 3: RATE 1 + 1 + 10¢
☐ 4 - TIER RATE 1: _____ RATE 2: _____ RATE 3: RATE 2 + 1 + 10¢ RATE 4: RATE 2 + 1 + 10¢

FOR AMERICAN EXPRESS ACCEPTANCE SELECT ONE PROGRAM:
☒ **PRICING FOR AMERICAN EXPRESS OPT BLUE PROGRAM:**
SELECT ONE: ☐ TIERED: RATE 1: _____% + _____¢ RATE 2: _____% + _____¢ RATE 3: _____ % + _____¢
☒ BUNDLED: _____ % + _____ ¢

☐ **PRICING FOR AMERICAN EXPRESS ESA PROGRAM:**
SE NUMBER: _____
BRAND VOLUME: _____% + _____ ¢

Where tiered pricing is selected (Option 5), as indicated above, the fees quoted in the above fee schedule plus Assessments shall apply to each credit and debit transaction in addition to the rates set forth in the Merchant Processing Agreement. Assessments are charged as follows: Visa: 0.14%, MasterCard: 0.13%, Discover: 0.13%. "AMEX Cost" includes all Interchange/Discount, Dues, Assessments, surcharges, plus an AMEX 0.25% Sponsorship Fee applicable for AMEX transactions. The following surcharges also apply to American Express transactions when applicable: Card Not Present Fee of 0.30% and Cross Border Transaction Fee of 0.40%. For more information on interchange rates visit www.visa.com, www.mastercard.com, www.americanexpress.com, or www.discover.com. Fees or charges may be added or changed by an amendment to the Terms and Conditions with 30 days notice. Merchant shall be charged a .20% fee or another amount as set forth on the merchant application for all volume processed through AMEX ESA and an additional transaction fee equal to the amount currently being charged for Visa, MasterCard, and Discover transactions.

06 | TRANSACTION CHARGES

☒ VISA/MASTERCARD/DISCOVER:	SECTION 5 + .10 ¢ TRANSACTION FEE	☒ VOICE AUTHORIZATION FEE:	$ _____ EACH
☒ PIN DEBIT (OVER NETWORK PASS-THROUGH):	_____ % + .10 ¢ TRANSACTION FEE	☒ CHARGEBACK FEE:	$ 30.00 EACH
☐ EBT (FCS ID: _____)	N/A + _____ ¢ TRANSACTION FEE	☒ RETRIEVAL REQUEST:	$ 25.00 EACH
■ BATCH:	$ .05 EACH	☒ NSF FEE:	$ 25.00 EACH PLUS NACHA FEES

All other applicable Card Brand fees will be passed through at the Card Brand's Rate. For more information, please contact Shift4 Payments, LLC (d/b/a Harbortouch). $.015 applies to each transaction to cover enhanced security services. $0.005 fee applies to all transactions to cover association fees. $0.0025 fee applies to all transactions to cover bank sponsorship fees. Fees or charges may be added or changed by an amendment to the Terms and Conditions with 30 days notice.

INITIALS: _____

07 | SERVICE CHARGES

☐ANNUAL FEE: $ _____ ■MONTHLY MC PER LOCATION FEE: $ 250 ☐DEBIT ACCESS FEE: $ _____

☒MONTHLY MINIMUM: $ 25.00 ☒MONTHLY SERVICE FEE: $ 6.00

Fees or charges may be added or changed by an amendment to the Merchant Processing Agreement with 30 days notice.

08 | LIGHTHOUSE BUSINESS MANAGEMENT SYSTEM

☒Yes, please enroll me in a sixty (60) day trial in the Lighthouse Business Management System.

After the 60 day trial, merchant will be assessed a monthly Lighthouse BMS fee of $16.00.

09 | MERCHANT COMPLIANCE

An annual $89.95 compliance fee will be charged to Merchant each January, unless 30 days notice is provided for a change in billing date. Merchant represents and warrants that as of the date of signing this Agreement and throughout any term of this Merchant Processing Agreement that it is Payment Card Industry ("PCI") Data Security Standard ("DSS") compliant, and that any hardware or software that Merchant uses during the term of this Agreement to process electronic transactions is Payment Application ("PA") DSS compliant. Merchant further represents and warrants that it will provide assistance as requested from Harbortouch to remain compliant with the requirements of Internal Revenue Code Section 6050W and any other applicable federal or state law as it relates to the reporting and processing of electronic transactions. Harbortouch reserves the right to impose future fees or withhold payments to Merchant as set forth in the Merchant Processing Agreement and as required by law. Additional Fees may be added or changed by an amendment to the Merchant Processing Agreement with 30 days notice.

10 | VISA DISCLOSURE

MEMBER BANK (ACQUIRER) INFORMATION

Citizen's Bank, N.A.
1 Citizens Plaza
Providence, RI 02903
Tel: (877) 550-5933

IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signer) to the Merchant Agreement
3. A Visa Member is responsible for educating Merchants on pertinent Visa Rules with which Merchants must comply.
4. The Visa Member is responsible for and must provide settlement funds to the Merchant.
5. The Visa Member is responsible for all funds held in reserve that are derived from settlement.

IMPORTANT MERCHANT RESPONSIBILITIES

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and disputes below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Visa Rules.

The responsibilities listed above do not supercede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

11 | CERTIFICATION AGREED TO (REQUIRED)

I, (print name)_____, hereby certify, to the best of my knowledge, that the information provided in section 04, Certification of Beneficial Owner(s), is complete and correct for all accounts

X _____ _____

SIGNATURE PRINT NAME DATE

12 | PERSONAL GUARANTY (NO TITLES)

This general, absolute, and unconditional continuing Guaranty ("GUARANTY") by the undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of Citizens Bank, N.A. and/or Shift4 Payments, LLC d/b/a Harbortouch ("Harbortouch") (each a "Guaranty Party" and collectively the "Guaranty Parties"). For value received, and in consideration of the mutual undertakings contained in the Merchant Processing Agreement and allied agreements ("AGREEMENT") between any Guaranty Party and MERCHANT as set forth below, I absolutely and unconditionally guarantee the full performance of all MERCHANT's obligations to any Guaranty Party, together with all costs, expenses, and attorneys' fees incurred by any Guaranty Party in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require any Guaranty Party to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY. I authorize the Guaranty Parties and their respective agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at the Guaranty Parties' request, financial statements and/or tax returns. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by The Guaranty Parties of written notice by me terminating or modifying the same. The termination of the AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and Harbortouch.

AGREED AND ACCEPTED

X _____ X _____

AUTHORIZED SIGNER #1 FROM APPLICATION -- SIGNATURE DATE AUTHORIZED SIGNER #2 FROM APPLICATION -- SIGNATURE DATE

_____ _____

PRINT NAME PRINT NAME

13 | SIGNATURES

By their execution below of the Merchant Processing Agreement the undersigned parties agree to abide by the Merchant Processing Agreement (the "Agreement"). The Agreement, which consists of this Merchant Application and the Merchant Processing Terms and Conditions (available at www.harbortouch.com/terms), and MERCHANT acknowledges it has received and read the Terms and Conditions at the time of signing.

MERCHANT warrants that the information provided on this Merchant Application is complete and accurate. MERCHANT authorizes Shift4 Payments, LLC d/b/a Harbortouch ("Harbortouch" or "ISO") and BANK to provide a copy of this Merchant Application to any third party for the services requested. MERCHANT, and its signing officer/owner/partner, authorize COMPANY, and BANK, and their agents or assigns, to make from time to time, any business and personal credit and other inquiries. Depending on MERCHANT's authorization and settlement composition, the references to Discover Network in this Agreement may not apply, and MERCHANT may contract directly with Discover Network for these services.

THIS AGREEMENT (INCLUDING ADDITIONAL FEES) MAY BE AMENDED WITH THIRTY (30) DAYS NOTICE TO MERCHANT.

EQUIPMENT FEE UPON TERMINATION. If Company does not receive Merchant's equipment within fifteen (15) days of Merchant's termination or expiration of the term, Merchant authorizes Company to debit Merchant per **each** payment processing terminal (measured by terminal identification number) provided by Company in the amount of: (i) Two Hundred ($200) Dollars for a standard EMV/Contactless terminal (ex. VX520, S80, iPP320); (ii) Three Hundred($300)Dollars for an enhanced EMV/Contactless terminal (ex. PAX A930, S300, S90, iPP350), or (iii) Five Hundred ($500) Dollars for a premium POS terminal bundle (ex. iSC480, POS Bundle). This Non-Return Fee is in addition to any fees related to point-of-sale equipment provided under a POS System Service Agreement. The type of terminal and total fee due as a result of non-return shall be set forth on the cancellation form.

MERCHANT AND COMPANY WAIVE THEIR RIGHTS TO SUE BEFORE A JUDGE OR JURY AND PARTICIPATE IN A CLASS ACTION AND AGREE TO RESOLVE ALL CLAIMS AND DISPUTES THROUGH BINDING INDIVIDUAL ARBITRATION. SEE ARTICLE VII AT www.shift4.com/legal.

In witness whereof the parties hereto have caused this Agreement to be executed by their duly authorized representatives effective on the date signed or approved by BANK.

If applicable, MERCHANT agrees by its signature below to the TMS American Express Opt Blue Program Agreement. For details, please see www.shift4.com/terms.

MERCHANT agrees by its signature below to the Shift4 Gateway Services Agreement. For details, please see www.shift4.com/gatewayterms.

BANK and Company are authorized to perform such functions under the Merchant Processing Agreement, the Gateway Services Agreement, and the POS System Service Agreement Terms and Conditions, as applicable, for the purposes set forth in the applicable agreement.

PRINT LEGAL NAME OF MERCHANT BUSINESS MADISON COUNTY

X _____ X _____

AUTHORIZED SIGNER #1 FROM APPLICATION -- SIGNATURE DATE AUTHORIZED SIGNER #2 FROM APPLICATION -- SIGNATURE DATE

_____ _____ _____ _____

PRINT NAME TITLE PRINT NAME TITLE

X _____

ACCEPTED BY GRAPHITE PAYMENTS DATE

SHIFT4

TERMINAL ORDER FORM

To add additional hardware to an existing MID please submit this form to newfiles@shift4.com.

PLEASE SELECT ONE (REQUIRED): ☐ **OPTION 1** ☐ **OPTION 2** ☐ **OPTION 3** IF AN OPTION IS NOT SELECTED, THE ACCOUNT WILL DEFAULT TO OPTION 1

☐ NEW ORDER

☐ REPROGRAM: EXISTING TERMINAL TYPE:_____ EXISTING MID:_____ CONNECTION TYPE: [____] IP

PARTNER INFORMATION

COMPANY NAME: _____ OFFICE ID: _____

REP NAME:_____

MERCHANT INFORMATION

MERCHANT DBA: | **MID:** | ☐ NEW ACCOUNT ☐ EXISTING ACCOUNT

CONTACT NAME: _____ CONTACT PHONE: _____

CONTACT EMAIL: _____

PLEASE PROVIDE ALL PHONE NUMBERS YOU WOULD LIKE ASSOCIATED WITH YOUR ACCOUNT.

OUR PHONE SYSTEM WILL RECOGNIZE YOUR ACCOUNT WHEN CALLING FROM ONE OF THESE NUMBERS. THIS ENABLES US TO SERVICE YOUR ACCOUNT MORE QUICKLY. PLEASE INCLUDE ANY OWNER/MANAGER CELL PHONE NUMBERS IN ADDITION TO THE BUSINESS PHONE.

PHONE NUMBER: _____ NAME/DESCRIPTION: _____

PHONE NUMBER: _____ NAME/DESCRIPTION: _____

PHONE NUMBER: _____ NAME/DESCRIPTION: _____

PHONE NUMBER: _____ NAME/DESCRIPTION: _____

PHONE NUMBER: _____ NAME/DESCRIPTION: _____

EQUIPMENT TYPE:

☐ **FREE A80 TERMINAL***

CONNECTION TYPE: ☐ IP ☐ ADD ADDITIONAL: _____ x $79.00 ANNUAL FEE

☐ ADD CUSTOMER-FACING PIN PAD: _____ x $149.00 ☐ ADVANTAGE PROGRAM** - RATE: ____ %

*If selected, Merchant will be enrolled in Shift4's FE Program and agrees to the FE Program Agreement. Merchant will receive a PAX A80 all-in-one terminal ("Terminal"). A $79.00 Annual Fee will apply for each Terminal received by Merchant. Please see FE Program Agreement for additional terms and conditions.
**Advantage Program Terms & Conditions available at https://www.shift4.com/pdf/Advantage-Program-Terms-and-Conditions.pdf

☐ **FREE WIRELESS TERMINAL***

☐ SKYTAB SOLO ☐ STANDALONE A800

☐ ADD ADDITIONAL: _____ x $79.00 ANNUAL FEE

MONTHLY FEE (PER TERMINAL): $20.00 EACH

☐ ADVANTAGE PROGRAM** (ONLY AVAILABLE FOR SKYTAB SOLO) - RATE: _____ %

*If selected, Merchant will be enrolled in Shift4's FE Program and agrees to the FE Program Agreement. Merchant will receive a Wireless Terminal ("Wireless Terminal"). A $79.00 Annual Fee will apply for each Wireless Terminal received by Merchant. Please see FE Program Agreement for additional terms and conditions.
**Advantage Program Terms & Conditions available at www.shift4.com/pdf/Advantage-Program-Terms-and-Conditions.pdf

MOBILE SOFTWARE PROGRAMS

☐ **AUTHORIZE.NET**

Authorize.Net
Your Gateway to IP Transactions™

☐ ADD E-CHECKS
(SEPARATE PRICING & CONTRACT REQUIRED)

☐ ADD FRAUD SCREENING
(SEPARATE PRICING & CONTRACT REQUIRED)

GATEWAY ACCESS FEE $ 10.00 PER TRANSACTION FEE $ 0.06

BUSINESS TYPE:
☐ RETAIL ☐ MOTO/E-COMMERCE

E-MAIL ADDRESS: _____

Subject to Shift4's Optional Services Disclaimer. Additional terms and conditions may apply.

ADDITIONAL INFORMATION

TERMINAL FEATURES

■RETAIL ■RESTAURANT ■MOTO | ■DEBIT/CASHBACK ■TIP LINE AUTO BATCH: ■YES TIME: _____

SHIPPING INFORMATION ☐ N/A

TERMINAL SHIPPING (PER TERMINAL):
☐ FREE GROUND SHIPPING
☐ 2ND DAY AIR
☐ NEXT DAY AIR

HAWAII & ALASKA:
☐ FREE 2ND DAY AIR
☐ NEXT DAY AIR
See FE Program terms for details.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS (SUBJECT TO APPROVAL)

Merchant has indicated which additional optional services it is requesting. Merchant agrees that Shift4 is not a party to any of the optional services indicated herein and has no liability related to those services. Merchant must be approved by each company and each company may send its terms and conditions (electronically or by physical mail) to the Merchant upon such approval. Merchant agrees to be bound by such company's terms and conditions.

By its signature below, Merchant agrees to the terms and conditions on this Terminal Order Form and the FE Program Agreement. Merchant also agrees to enter into a Merchant Transaction Processing Agreement ("Processing Agreement"). The Processing Agreement consists of the Merchant Application and the Terms and Conditions. The Processing Agreement is a separate agreement. Citizen's Bank ("Bank") and TSYS Merchant Solutions, Inc. ("TMS") are parties to the Processing Agreement. Bank and TMS are not, however, parties to this Terminal Order Form and the FE Program Agreement.

Agreed and Accepted:

PRINT NAME: _____ DATE: _____

MERCHANT SIGNATURE: _____