

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required):	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input type="checkbox"/> Other (see instructions) ▶		
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person**

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

PROCESSOR INFORMATION: Name: First Data Merchant Services LLC
 Address: 4000 Coral Ridge Drive, Coral Springs, FL 33065
 URL: _____ Customer Service #: 1-800-858-1166

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 or the contents of your Agreement with TeleCheck. 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, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 25 of the Program Guide).
2. **We may debit your bank account** (also referred to as your Settlement 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 14 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement.
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 or within 30 days of the date of a TeleCheck transaction.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 27, 37.3, and 39.10 of the Card General Terms; or Section 17 of the TeleCheck Solutions Agreement.
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 in Section 30, Term; Events of Default and Section 31, Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Section 7), 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 prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 16.2 of the TeleCheck Solutions Agreement.
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. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the 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 reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

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 and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/support/merchant.html>.
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>.
- h) You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/merchanttopguide.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions [version OmahaWF2104(ia)] consisting of 49 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

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

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

_____ Title _____ Date _____

Please Print Name of Signer



Digital Payment Systems Inc.

Digital Payment Systems Inc. **ACH Agreement and Rental Terminal / Software Placement Program**

This Agreement is a binding contract between the Merchant named below and Digital Payment Systems Inc. ("Company").

Merchant agrees that the equipment/rental is the sole property of Company and is being licensed to Merchant. It must be returned in good working condition within ten (10) days of termination or expiration of the Merchant's Account with Company. If the equipment/rental is not returned within ten (10) days Merchant agrees to pay value \$750. In addition, Merchant agrees to be responsible for any damage to the equipment/rental as a result of misuse or negligence. Merchant agrees to identify and hold Company harmless from and against any and all liabilities, losses, claims, damages, disputes, offsets, claims, or counterclaims of any kind and in any way related to the use (or misuse) of the equipment.

By signing below, Merchant understands that this agreement constitutes a legal contract which binds Merchant.

Merchant has accepted the following equipment (the "Equipment/Software") by checking one box below:

	<input type="checkbox"/> Package one FREE 3 Referrals Name _____ Number _____ Name _____ Number _____ Name _____ Number _____		<input type="checkbox"/> Package two Purchase A Machine <input type="checkbox"/> Machine <input type="checkbox"/> Pin Pad \$ _____		<input type="checkbox"/> Package three Rent A Machine <input type="checkbox"/> Machine <input type="checkbox"/> Pin Pad \$ _____ / Month
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Monthly Rental \$ _____ *written amount* _____

ACH AGREEMENT PREARRANGED PAYMENT AUTHORIZATION AGREEMENT

Merchant # _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

CLIENT NAME: _____

I (we) hereby authorize **Digital Payment Systems Inc. ("DPS")**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Regular Checking Account Regular Savings Account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank/Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

Customer Legal Name: _____ Contact: _____

Customer Address: _____


City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Where to send equipment: _____

Customer hereby authorizes DPS (the "COMPANY") to debit their bank account (the "ACCOUNT") for all funds due to the COMPANY without respect to the source of such funds in the ACCOUNT. With respect to Automated Clearing House ("ACH") settlement of transactions (i.e. electronic debits and credits to and from the ACCOUNT), customer hereby agrees to be bound by the terms of operating rules of the National Automated Clearing House Association and authorize the COMPANY to initiate ACH debit or credit entries and adjustments to the ACCOUNT for all products and / or services provided to customer by COMPANY, and for all required settlement adjustments related thereto. The COMPANY shall not be liable for any delays in receipt, debit or description of funds or errors in account entries caused by third parties including, but not limited to, the association or bank. Customer shall not close the ACCOUNT without providing the COMPANY with written notice of such closure and substitution of another account at least five (5) days prior to such an event. Customer shall be solely liable for all the fees and costs associated with the ACCOUNT, and for all fees and costs associated with the ACH program, products and services provided by COMPANY, its partners, agents and contractors to customer. If COMPANY shall be ACHing the ACCOUNT, all parties agree to be bound by all terms of the most recently signed ACH agreement, in all cases, customer shall ultimately be responsible for all funds due for products and services provided by COMPANY.

Procedure - For ACH collections, COMPANY shall ACH the appropriate ACCOUNT at any day of the week, or as needed based on product sales or services or type of products offered, for the prior period's activity for the net amount due (i.e. gross sales less margin). Copy of voided customer's check will be kept on file.

Signature:  _____ Print Name: _____

Title: _____ Date Signed: _____

WEX BANKING AUTHORIZATION FORM

Merchant hereby authorizes and requests WEX to make payments of amounts owing to Merchant by WEX by initiating credit entries to Merchant's demand deposit account at the Bank indicated below ("Merchant's Bank"), and authorizes and requests Merchant's Bank to accept any credit entries initiated by WEX to such account without responsibility for the correctness thereof. In the event of an overpayment or payment in error, Merchant hereby authorizes WEX to initiate a debit entry to the account for each overpayment or payment in error. It is understood that for purposes of this Agreement, the term "Merchant's Bank" shall mean and include the bank identified below by Merchant and any successor bank identified to WEX (i) in a Notice of Change provided to WEX by any Automated Clearing House Association processing credit or debit transactions under this Agreement, or (ii) by Merchant, whether orally or by other non-written means. Any such notification to WEX shall be effective only with respect to entries credited to Merchant's account by the Bank after receipt of such notification and a reasonable time to act upon such notice. Merchant agrees and acknowledges that WEX will not be liable to Merchant for any damages resulting from the performance or the failure to perform of any Automated Clearing House Association.

SECTION 1 - BANK ACCOUNT INFORMATION

Bank Name and Address	ABA Routing Number
Account Name	Account Number

IMPORTANT: PLEASE ATTACH A VOIDED CHECK
We must receive a voided check (or photocopy if faxing) in order to process application.

SECTION 2 - CORPORATE INFORMATION

Legal Name	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> PC or PA	<input type="checkbox"/> LLC	
Mailing Address	City	State	Zip + 4
Contact	Taxpayer ID#		


**IMPORTANT: PLEASE ATTACH A COMPLETED W-9 AND
IF YOU HAVE INCOME GENERATED FROM CALIFORNIA SOURCES,
YOU ARE REQUIRED TO COMPLETE AND RETURN FORM 590**
We must receive a completed W-9 and Form 590 in order to process application.

SECTION 3 - SETTLEMENT

Please refer to the WEX Merchant Charge Card Agreement which accompanied this application for your Terms and Conditions. It describes the WEX Interchange Fee and Payment Terms.

AUTHORIZED SIGNATURE

MERCHANT: The undersigned represents and warrants to WEX that all of the terms and conditions of this WEX Merchant Charge Card Agreement Application consisting of this entire document in addition to any other document or addendum including the WEX Merchant Charge Card Agreement have been reviewed in their entirety, are true and correct, and set forth the agreement between WEX and Merchant. Additionally, the undersigned represents and warrants that he or she has authority to sign and to bind Merchant to the terms of this Application. Also, the undersigned represents that the undersigned has the authority to provide information and execute this Application on behalf of the Merchant. The Agreement shall only become effective upon WEX's acceptance of the Agreement and the Application following approval, and the assignment to Merchant of a merchant processing identification number. The Merchant further affirms that they are establishing a credit card processing relationship with the processor indicated on the attached WEX merchant application. Once we begin processing credit cards through this processor, our company does not intend to process any transactions through a processing agreement with a branded petroleum marketer.

Signature 	Printed Name	
Title		Date

FOR WEX INTERNAL USE ONLY

Processed By	Date Processed
Settlement Entity	Site ID#

Voyager Addendum For Existing Merchants (“Addendum”) cont’d

Notwithstanding anything in the Agreement or this Addendum to the contrary, our obligation to provide services to you relating to any Fleet Card will terminate automatically without penalty to us or the related Card Organization upon the earlier of (i) the termination or expiration of our agreement with such Card Organization, (ii) at least twenty (20) days prior written notice by us to you; (iii) your failure to comply with material terms relating to such Fleet Card transactions, or (iv) written notice, if a Card Organization discontinues its Card.

The terms of this Addendum shall supplement the terms of the Agreement. By signing below, you acknowledge that you have read, understand and agree to comply with the terms, rates and fees, as set forth in this Addendum. You also understand that the above rates and fees may be modified from time to time in accordance with your Agreement. Except as expressly set forth herein, the Agreement is hereby ratified in all respects and shall remain in full force and effect.

Client’s Business Principal: *(please sign below)*

 **Signature** _____ **Title:** _____

The party signing this Voyager Addendum must be the same party signing the Merchant Processing Application and Agreement.

Print Name of Signer: _____ **Date:** _____

Part 3a. Acknowledgement of Status (continued)

- No evidence of full track data¹, CAV2, CVC2, CID, or CVV2 data², or PIN data³ storage after transaction authorization was found on ANY system reviewed during this assessment.
- ASV scans are being completed by the PCI SSC Approved Scanning Vendor (ASV Name)

Part 3b. Merchant Attestation



<i>Signature of Merchant Executive Officer</i> ↑	<i>Date:</i>
<i>Merchant Executive Officer Name:</i>	<i>Title:</i>

Part 3c. Qualified Security Assessor (QSA) Acknowledgement (if applicable)

If a QSA was involved or assisted with this assessment, describe the role performed:



<i>Signature of Duty Authorized Officer of QSA Company</i> ↑	<i>Date:</i>
<i>Duty Authorized Officer Name:</i>	<i>QSA Company:</i>

Part 3d. Internal Security Assessor (ISA) Involvement (if applicable)

If an ISA(s) was involved or assisted with this assessment, identify the ISA personnel and describe the role performed:

¹ Data encoded in the magnetic stripe or equivalent data on a chip used for authorization during a card-present transaction. Entities may not retain full track data after transaction authorization. The only elements of track data that may be retained are primary account number (PAN), expiration date, and cardholder name.

² The three- or four-digit value printed by the signature panel or on the face of a payment card used to verify card-not-present transactions.

³ Personal identification number entered by cardholder during a card-present transaction, and/or encrypted PIN block present within the transaction message.