



FIRST AMENDED SERVICE AGREEMENT

Agmt #2709-01

W: www.cardknox.com
E: info@cardknox.com

APPLICATION DATE: _____

ACCOUNT INFORMATION			BILLING INFORMATION				
CUSTOMER COMPANY NAME / DBA NAME County of El Dorado			BILLING NAME (FIRST NAME, LAST NAME) County of El Dorado				
CONTACT NAME (FIRST NAME, LAST NAME) Building and Planning Department			BILLING ADDRESS 2850 Fairlane Court				
CONTACT ADDRESS 2850 Fairlane Court			BILLING ADDRESS 2				
CONTACT ADDRESS 2			CITY Placerville	STATE CA	ZIP CODE 95667		
CITY Placerville	STATE CA	ZIP CODE 95667	BILLING CONTACT PHONE NUMBER		BILLING CONTACT FAX NUMBER		
CONTACT PHONE NUMBER	CONTACT FAX NUMBER		BILLING CONTACT E-MAIL ADDRESS cdfiscal@edcgov.us				
CONTACT E-MAIL ADDRESS			SHIPPING INFORMATION				
ADMINISTRATIVE REPRESENTATIVE NAME (Authorized for Account Change Requests)			SHIPPING CONTACT NAME (FIRST NAME, LAST NAME) County of El Dorado				
OWNER SS # / FED TAX ID #			SHIPPING ADDRESS (If Different From Billing Address) 2850 Fairlane Court				
PAYMENT INFORMATION			SHIPPING ADDRESS 2				
Payment method (Please check): <input type="checkbox"/> ACH Debit (Must attach copy of voided check) <input checked="" type="checkbox"/> Credit Card - setup fee only <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Discover			CITY Placerville			STATE CA	ZIP CODE 95667
Account Name			SHIPPING CONTACT PHONE NUMBER 530-621-5935		SHIPPING CONTACT FAX NUMBER		
			SHIPPING CONTACT E-MAIL ADDRESS kyle.zimbelman@edcgov.us				

Payment Gateway Services

Product Description	Quantity	Product Cost	Activation Fee	Monthly Service	Authorization Fee	Transaction Fee
1. Cardknox	1		\$89	\$20.00		
	SUBTOTAL					
2. Monthly Statement				\$20.00		
	SUBTOTAL					
3. Paymentsite						
	SUBTOTAL		\$0	\$5.00		
	Total:					

NOTES: Verifone MX 915 at \$675 each.

Your signature below indicates that you have read, understood and agree with the Terms and Conditions outlined on the next page.

AUTHORIZED CUSTOMER SIGNATURE 	PRINT NAME Michael Ranalli	DATE 7/24/2014
AUTHORIZED SELLER SIGNATURE 	PRINT NAME Larry Wieder	DATE 7/25/14

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Client's Business Name (Doing Business As): County of El Dorado			Client's Corporate/Legal Name (Use Also For Headquarter's Information): County of El Dorado		
Business Address: 2850 Fairlane Court			Billing Address (If Different Than Location Address): 2850 Fairlane Court		
City: Placerville	State: CA	Zip: 95667	City: Placerville	State: CA	Zip: 95667
Location Phone #:		Location Fax #:		Contact Name: Becky Morton	
Business E-mail Address:			Contact Fax # / E-mail Address:		
Business Website Address: www.edcgov.us			Contact Phone #: 530-621-4008		
Customer Service Phone #:		Customer Service E-mail Address:		Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location	
Date Business Started:					
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State In which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input checked="" type="checkbox"/> GOVERNMENT (Federal, State, Local)	
<input type="checkbox"/> CORPORATION - CHAPTER S, C State: _____		Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		Date Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
Name (as it appears on your income tax return)		FEDERAL TAX ID # (as it appears on your income tax return)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (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.4 of your Program Guide for further information.)

*SIC/MCC: _____ IATA/ARC: _____ (MCC 4722 Only)


Note: *If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967 and 7841¹, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations.²

¹Registration for MCC 7841 is only required for non-face-to-face adult content.
²Information herein, including applicable MCCs, is subject to change.

Detailed Explanation of Type of Merchandise, Products or Services Sold:
Community Development Services fee processing using the Customer Convenience Model

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: _____</p> <p>4. How many registers/Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p>	<p>13. Do you have a refund policy for MC/Visa/Discover* Network-PayPal/American Express OptBlue* Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> MC/Visa/Discover Network-PayPal/ <input type="checkbox"/> Store Credit American Express OptBlue* Credit</p> <p>If MC/V/Discover Network-PayPal/American Express OptBlue* Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. Advertising Method (Attach at least one): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other</p> <p>Marketing Materials required for Mall Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</p> <p>15. Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>Mail/Telephone Order/Business to Business/Internet Information (All Questions must be Answered)</p> <p>1. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%</p> <p>2. MC/Visa/Discover Network-PayPal/American Express OptBlue* sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>3. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Contract Administrator: The County Officer or employee with responsibility for administering this Agreement is Creighton Avila, Deputy Chief Administrative Officer, Administration and Finance Division, Community Development Services, or successor. Merchant Initials: 

OmahaWF2004		3. OWNERS / PARTNERS / OFFICERS				OmahaWF2004(ia)	
OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: (First, MI, Last)			% Ownership:	Name: (First, MI, Last)			% Ownership:
Title:				Title:			
Home Address: (No P.O. Box)				Home Address: (No P.O. Box)			
City:		State:	Zip:	Country:	City:		State:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:		State:	D.O.B.:	DL #:		State:

4. SETTLEMENT INFORMATION

Deposit Bank: _____

Transit/ABA #: _____ Deposit Account #: _____

ACH Detail Flag: Individual Combined Separate (defaults to Combined if option not selected)

5. TRANSACTION INFORMATION

FINANCIAL DATA				WHERE IS SALE TRANSACTED? (Must = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ _____	Avg. MC/Visa/Discover Network - PayPal Ticket (Estimate If Never Processed In Past)	\$ _____	Store Front/Swiped	60 %
Average YEARLY MC/Visa Volume	\$ _____	Avg. American Express OptBlue* Ticket (Estimate If Never Processed In Past)	\$ _____	Internet	40 %
Average YEARLY Discover Network - PayPal Volume	\$ _____	Highest Ticket Amount	\$ _____	Mail Order	____ %
Average YEARLY American Express OptBlue* Volume	\$ _____			Telephone Order	____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____				Total	100%

6. GRID INFORMATION - INTERNAL USE ONLY

AUTHORIZATION GRID ID #: _____ USER DEFINED GRID ID #: _____ MFC GRID ID: _____ 8-pos. Alpha/Numeric

MC TIERED GRID ID _____ 8-pos. Alpha/Numeric	VISA TIERED GRID ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal TIERED GRID ID _____ 8-pos. Alpha/Numeric	AMERICAN EXPRESS OptBlue* TIERED GRID ID _____ 8-pos. Alpha/Numeric
MC CREDIT MPG ID _____ 8-pos. Alpha/Numeric	VISA CREDIT MPG ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal CREDIT MPG ID _____ 8-pos. Alpha/Numeric	AMERICAN EXPRESS OptBlue* CREDIT MPG ID _____ 8-pos. Alpha/Numeric
MC DEBIT MPG ID _____ 8-pos. Alpha/Numeric	VISA DEBIT MPG ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID _____ 8-pos. Alpha/Numeric	

7. SERVICE FEE SCHEDULE

Accept all MasterCard, Visa, Discover Network and American Express OptBlue* Transactions (presumed, unless any selections below are checked)

<p>MasterCard</p> <p><input type="checkbox"/> MC Credit Transactions</p> <p><input type="checkbox"/> MC Non-PIN Debit Trans.</p>	<p>Visa</p> <p><input type="checkbox"/> Visa Credit Transactions</p> <p><input type="checkbox"/> Visa Non-PIN Debit Trans.</p>	<p>Discover Network</p> <p><input type="checkbox"/> Discover Network Credit Transactions</p> <p><input type="checkbox"/> Discover Network Non-PIN Debit Trans.</p> <p>Discover Network - PayPal</p> <p><input type="checkbox"/> Discover Network - PayPal Credit Transactions</p>	<p>American Express OptBlue*</p> <p><input type="checkbox"/> American Express Credit Transactions</p>
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Discount Collected Daily Monthly

Tiered Discount Fees (Based on Gross Sales Volume)

	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network - PayPal Qual Credit	%	\$	American Express OptBlue* Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Discover Network - PayPal Mid-Qual Credit	%	\$	American Express OptBlue* Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Discover Network - PayPal Non-Qual Credit	%	\$	American Express OptBlue* Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$						
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$						
MC Worldcard Non-Qual	%	\$									
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Network Qual Debit	%	\$			
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Discover Network Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Discover Network Non-Qual Debit	%	\$			
MC Regulated Debit Discount	%	\$	Visa Regulated Debit Discount	%	\$	Discover Network Regulated Debit Disc't	%	\$			

Merchant Initials: *DM*

OmahaWF2004		7. SERVICE FEE SCHEDULE (cont'd)								OmahaWF2004(ia)	
ERR											
	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network-PayPal Qual Credit	%	%	American Express OptBlue* Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%			
Pass Through Interchange											
<input type="checkbox"/> Net Only - Includes Dues and Assessments <input type="checkbox"/> Gross Only - Includes Dues and Assessments											
	Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)
MC Qual Credit	%	Visa Qual Credit	%	Discover Network-PayPal Qual Credit	%	American Express OptBlue* Qual Credit	%				
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%	American Express OptBlue* has Program Pricing and not Interchange and are subject to change.					
Other Item Rate											
MC Credit	\$	Visa Credit	\$	Discover Network-PayPal Credit	\$	American Express OptBlue* Credit	\$				
MC Debit	\$	Visa Debit	\$	Discover Network Debit	\$						
Other Volume %											
MC Credit	%	Visa Credit	%	Discover Network-PayPal Credit	%	American Express OptBlue* Credit	%				
MC Debit	%	Visa Debit	%	Discover Network Debit	%						
PIN Debit											
<input type="checkbox"/> Pass Through Debit Network Fees Other Item Rate \$ _____ (per item) Other Volume Percent _____ % (per item)											
Fleet											
WEX: Other Item Rate \$ _____ (per item) Voyager: Qual _____ % Other Item Rate \$ _____ (per item)											
TeleCheck											
<input type="checkbox"/> ECA Warranty <input type="checkbox"/> Mail Order Warranty <input type="checkbox"/> Single Hold Check Warranty <input type="checkbox"/> Multiple Hold Check Warranty <input type="checkbox"/> Paper Warranty <input type="checkbox"/> C.O.D. Warranty SE # _____											
Inquiry Rate _____ % Per TXN Fee \$ _____ Smt/Processing Fee \$ <u>5.00</u> ECA Chargeback Fee \$ <u>5.00</u>											
Dec. Risk Surcharge <u>10</u> % Monthly Minimum Fee \$ _____ (Per Location) Customer Requested Operator Call (CROC) \$ <u>2.50</u>											
Miscellaneous Fees											
<input checked="" type="checkbox"/> Dues and Assessments			V/MC Chargeback Fee (Per Item) \$ _____			V/MC Retrieval Fee (12B Letter) (Per Item) \$ _____			Return Trans. Fee (Per Item) \$ _____		
Sales Transaction Fee (Per Item) \$ _____			Batch Fee (Per Item) \$ _____			Early Termination Fee (One Time Fee) \$ _____			eIDS Access Fee (Flat Rate) \$ _____		
EBT - Food Stamps (Per Item) \$ _____ #: _____			EBT - Cash Benefits (Per Item) \$ _____			Other: \$ _____					
Minimum Monthly Fee \$ _____			Monthly Statement Fee (Acct on File) \$ _____			ACH Reject Fee (Per Item) \$ _____			Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
MC License Fee (Per Sales Item) \$ _____			(Sales Volume) % _____			(Flat Rate) \$ _____			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December		
Visa Proc Fee (Per Item) \$ _____			MC Proc Fee (Per Item) \$ _____			Visa BIN Fee (Per Item) \$ _____			MC ICA Fee (Per Item) \$ _____		
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Visa FANE Card Present Surcharge (Flat Rate) \$ _____			Pass Visa FANE Card Not Present Surcharge (Flat Rate) \$ _____					
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass MC Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Visa Acq ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Discover Int'l Proc Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorization & Capture Transaction Fees						First Data PayeezySM Gateway Services					
MC/Visa Auth & Capture Fee: \$ _____ (per item)						<input type="checkbox"/> Payeezy Gateway Participation Payeezy Gateway Effective Date: _____					
Discover Network PayPal Auth & Capture Fee: \$ _____ (per item)						Payeezy Gateway One Time Setup Fee \$ _____ (one time)					
American Express OptBlue* Auth & Capture Fee: \$ _____ (per item)						Payeezy Gateway Monthly Fee \$ _____ (monthly)					
American Express Pass Through (existing) SE #: _____						Payeezy Gateway Auth Fee \$ _____ (per item)					
Voice Authorization \$ _____ (per item)						Payeezy Gateway AVS Fee \$ _____ (per item)					
Electronic AVS Fee \$ _____ (per item)						Payeezy PayPal Auth Fee \$ _____ (per item)					
Voice AVS Fee \$ _____ (per item)						Payeezy PayPal Sale Fee \$ _____ (per item)					
ARU Fee \$ _____ (per item)						Payeezy PayPal Return Fee \$ _____ (per item)					
First Data PayeezySM Gateway Services Telecheck											
Payeezy Gateway TeleCheck Auth Fee \$ _____ (per item)				Payeezy Gateway TeleCheck Deposit Fee \$ _____ (per item)				Payeezy Gateway TeleCheck Adjustment Fee \$ _____ (per item)			

Merchant Initials:

OmahaWF2004		7. SERVICE FEE SCHEDULE (cont'd)		OmahaWF2004(ia)	
User Defined Grid Fees			TIN/TFN & Regulatory Product Fees		
Wireless Monthly Service Fee	\$ _____	AccessOne Fee	\$ _____	Reg. Product Fee	(Monthly) \$ _____
Customer Service Fee	\$ _____	Debit Access Fee	\$ _____	TIN/TFN Invalid	(Monthly) \$ _____
Supplies:	\$ _____	Other:	\$ _____	Website Usage	(Per Item) \$ _____
Merchant Fee Control Grid Fees					
Annual Fee	\$ _____	Other:	\$ _____	Other:	\$ _____
Month	_____	<input type="checkbox"/> Per item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Month _____	<input type="checkbox"/> Per Item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Month _____
Pass Visa Account Verification Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Account Verification Fee Surcharge	(Per Item) \$ _____		
Pass VISA BIN/ICA Fee <i>(Note: this fee can only be used for Shared Systems Only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	VISA BIN/ICA Fee Surcharge	(Per Item) \$ _____		
Pass Visa Staged Digital Wallet Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Staged Digital Wallet Fee Surcharge	(Per Item) \$ _____		
Pass Visa B2B Virtual Payments Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa B2B Virtual Payments Fee Surcharge	(Sales Volume) _____ %		
Pass Visa File Transmission Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa File Transmission Transaction Fee Surcharge	(Per Item) \$ _____		
Pass Visa Acquirer Credit Voucher Data Processing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Acquirer Credit Voucher Data Processing Fee Surcharge	(Per Item) \$ _____		
Pass Visa AFD Non Participation Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa AFD Non Participation Fee Surcharge	(Per Item) \$ _____		
Pass Discover Card Account Verification Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Card Account Verification Fee Surcharge	(Per Item) \$ _____		
Pass Discover Network Auth Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Network Auth Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____		
Discover Dispute Fee	(Per Item) \$ _____	Discover Retrieval Fee	(Per Item) \$ _____		
Pass PayPal Participation Authorization Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	PayPal Participation Authorization Fee Surcharge	(Sales Volume) _____ %		
Pass American Express OptBlue® Access Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pass American Express OptBlue® Network Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue® Network Fee Surcharge	(Sales Volume) _____ %		
American Express Dispute Fee	(Per Item) \$ _____	American Express Retrieval Fee	(Per Item) \$ _____		
Pass MasterCard Processing Integrity Fee Pre Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Pre Auth Surcharge	(Per Item) \$ _____		
Pass MasterCard Processing Integrity Fee Undefined Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Undefined Auth Surcharge	(Per Item) \$ _____		
Pass MasterCard Processing Integrity Fee Final Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Final Auth Surcharge	(Per Item) \$ _____		
Pass MasterCard BIN/ICA Fee <i>(Note: this fee can only be used for Shared Systems Only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard BIN/ICA Fee Surcharge	(Per Item) \$ _____		
Pass MasterCard Account Status Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Account Status Fee Surcharge	(Per Item) \$ _____		
Pass MasterCard Kilobyte Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Kilobyte Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____		
Pass MasterCard CVC2 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard CVC2 Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____		
Pass MasterCard ICA AVS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard ICA AVS Fee Surcharge	(Per Item) \$ _____		
Pass MasterCard Digital Enablement Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Digital Enablement Fee Surcharge	(Sales Volume) _____ %		
Pass MasterCard Business to Business US	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Business to Business US Surcharge	(Sales Volume) _____ %		
Pass MasterCard SecureCode Transaction Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard SecureCode Transaction Fee Surcharge	(Flat Rate) \$ _____		
Pass MasterCard Location Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Location Fee Surcharge	(Flat Rate) \$ _____		
Pass STAR Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAR Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____		
Pass Pulse Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulse Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____		
Pass Jeanie Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jeanie Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____		
Pass NYCE Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	NYCE Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____		
Pass Accel Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accel Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____		

Merchant Initials: 

OmahaWF2004		7. SERVICE FEE SCHEDULE (cont'd)		OmahaWF2004(ia)	
Merchant Fee Control Grid Fees (cont'd)					
TransArmor Data Protection Fee	(Flat Rate) \$ _____	TransArmor Terminal Fee	(Flat Rate) \$ _____		
Clover Security Plus Fee	(Flat Rate) \$ _____	PCI Rapid Comply	(Flat Rate) \$ _____		
Clover Security Non Clover Fee	(Flat Rate) \$ _____	Clover Security for Clover Fee	(Flat Rate) \$ _____		
Clover Security Plus w/o TransArmor Data Protection	(Flat Rate) \$ _____	Clover Service Fee Monthly (per station)	(Flat Rate) \$ _____		
Wireless Monthly Service Fee	(Per Item) \$ _____	Wireless Activation Fee	(Flat Rate) \$ _____		
Clover Go Monthly Fee (per MID)	(Flat Rate) \$ _____	Clover Insights Fee (per MID)	(Flat Rate) \$ _____		
Payeezy Webstore Solution Monthly Fee (per webstore)	(Flat Rate) \$ _____				
Perka Solution Monthly Fee (per MID)	(Flat Rate) \$ _____	<i>(For the Perka Solution, you will be provided with registration instructions and will be asked to electronically agree to Perka Inc.'s terms and conditions)</i>			
DCC Chargeback Fee	Per Chargeback \$ _____	DCC Retrieval Fee	Per Retrieval \$ _____	DCC Transaction Fee	Per Settlement \$ _____

8. EQUIPMENT/THIRD PARTY INFORMATION

Network (Front End): Omaha North Nashville Bypass

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, identify the Third Party Processor used: 00 None 01 Yahoo 02 Authorize.net 03 Cybersource 04 Verifone 05 Merchant Link 06 Shift 4
 07 Apriva 08 FIS 09 Six Payment Services Corp 10 Verisign 99 Other (please specify) _____

INTERNET GATEWAY: First Data Global Gateway Other: _____

Wireless Network: _____

PC/Internet Software _____ Quantity _____ New Rent Lease Existing

Terminal Model _____ Quantity _____ New Rent Lease Existing

Printer Model _____ Quantity _____ New Rent Lease Existing

PIN Pad _____ Quantity _____ New Rent Lease Existing

LEASE COMPANY: (04) First Data Global Leasing Annual Tax Handling Fee:

Lease Term: _____ Mos. AL, AR, CA, CT, GA, IN, KY, LA, MS, MO, NE, NV, NM, NC, OK, OR, RI, SC, TN, TX, VT, VA, WA, WV, WI, WY All other States


30.20 10.20

Total Monthly Lease Charge: \$ _____ Total Cost To Lease (without tax): \$ _____

(w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Option to purchase: If you wish to buyout the equipment, please contact 1-877-257-2094 to obtain the cost.

Address	City	State	Zip	Attention:
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Merchant Initials: 

OmahaWF2004	9. SIGNATURE(S)	OmahaWF2004(ia)
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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 and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-9), 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 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement, and the TeleCheck Services 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 and/or "You" and "Your" for the purposes of the TeleCheck Services Agreement.

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved, each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.

As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.

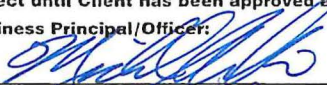

Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

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.

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 FDMS and Bank.

Client's Business Principal/Officer:

Signature X		Title	<u>Chair, Board of Supervisors</u>		
Print Name of Signer	<u>Michael Langelli</u>	Date	<u>7/24/2014</u>	(Services): For First Data Merchant Services LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.)	
Signature X		Title			
Print Name of Signer		Date		X Signature	
Signature X		Title			
Print Name of Signer		Date			

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after ~~revoked in writing~~.

Signature X _____	Print Name/Title: _____	Date _____
Authorized Signature on TeleCheck Account for ACH		

Personal Guarantee: In exchange for First Data Merchant Services, Inc. (the Guaranteed Parties) acceptance of, and agreement, the undersigned unconditionally and irrevocably guarantees, applicable, as they now exist or as modified from time to time, which has received notice of any amendment of such agreements. The undersigned shall be liable for all amounts due from Client under the foregoing agreements. The undersigned shall not proceed against the undersigned. This is a continuing personal guarantee of payment and not of collection and that it shall be as applicable.

Personal Guarantee Signature X _____	Date _____
Personal Guarantee Signature X _____	Date _____

DO NOT SIGN THIS SECTION. PER COUNSEL