cardknox

SERVICE AGREEMENT

APPLICATION DATE: _____

| ACCOUNT INFORMATION | | | BILLING INFORMATION | | | |
|--|----------------------|---|--|-----------------|------------|--|
| CUSTOMER COMPANY NAME / DBA NAME | | | BILLING NAME (FIRST NAME, LAST NAME) | | | |
| County of El Dorado | | | County of El Dorado | | | |
| CONTACT NAME (FIRST NAME, LAST NAME) | | | BILLING ADDRESS | | | |
| Buliding and Planning Department | | | 2850 Fairlane Court | | | |
| CONTACT ADDRESS | | | BILLING ADDRESS 2 | | | |
| 2850 Fairlane Court | | | | | | |
| CONTACT ADDRESS 2 | | | CITY | STATE | ZIP CODE | |
| | | | Placerville | CA | 95667 | |
| CITY | STATE | ZIP CODE | BILLING CONTACT PHONE NUMBER | BILLING CONTACT | FAX NUMBER | |
| Placerville | CA | 95667 | | | | |
| CONTACT PHONE NUMBER | CONTACT FAX NUMBER | | BILLING CONTACT E-MAIL ADDRESS | | | |
| | | | cdafiscal@edcgov.us | | | |
| CONTACT E-MAIL ADDRESS | | SHIPPING INFORMATION | | | | |
| | 1 | | SHIPPING CONTACT NAME (FIRST NAME, LA | ST NAME) | | |
| ADMINISTRATIVE REPRESENTATIVE NAME (Authorized for Account Change Requests) | OWNER SS # / FED TAX | ID # | County of El Dorado | | | |
| (| | | SHIPPING ADDRESS (If Different From Billing Address) | | | |
| | | | 2850 Fairlane Court | | | |
| PAYMENT INFORMATION | | | SHIPPING ADDRESS 2 | | | |
| Payment method (Please check): | | | | | | |
| ACH Debit (Must attach copy of voided check) | | | CITY | STATE | ZIP CODE | |
| Credit Card - setup fee only | | | Placerville | CA | 95667 | |
| American Express MasterCard Visa Discover | | SHIPPING CONTACT PHONE NUMBER SHIPPING CONTACT FAX NUMBER | | | | |
| Account Name | | | 530-621-5935 | | | |
| | | SHIPPING CONTACT E-MAIL ADDRESS | | | | |
| | | | kyle.zimbelman@edcgov.us | | | |

| | | | Paym | | | |
|---------------------------|----------|--------------|----------------|-----------------|-------------------|-----------------|
| Product Description | Quantity | Product Cost | Activation Fee | Monthly Service | Authorization Fee | Transaction Fee |
| 1. | 1 | | \$89 | \$10 | | |
| Cardknox | SUBTOTAL | | | | | |
| ^{2.} BBPOS | | | \$0 | | | \$0.045 |
| | SUBTOTAL | | | | | |
| ^{3.} Paymentsite | | | | | | |
| | SUBTOTAL | | \$0 | \$2.50 | | |
| | 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 | DATE |
|-------------------------------|------------|------|
| AUTHORIZED SELLER SIGNATURE | PRINT NAME | DATE |