

Merchant Application and ATM Operator Agreement ("ISO")

MetaBank ("Bank")

SECTION A – Application: Merchant/ATM Operator Completes Lines 1-10 **** PLEASE PRINT CLEARLY****

1. Name of Location (Doing Business As)		2. Physical Street Address of Location	
3. City, State Zip		4. Location Phone Number	5. Location Fax Number
6. Business Tax ID Number	7. Financial Institution Number (FI #, FDIC, NCUA, ASI)	8. Email Address of Business Principal	
9. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)		10. Merchandise/Services Sold	

SECTION B – Application: ATM Operator Completes Lines 11-26 **** PLEASE PRINT CLEARLY****

11A. ATM Operator Principal First Name	11B. ATM Operator Principal Last Name	12. ATM Operator Principal "FULL" Legal Name (if same as 10-11, write "Same")	
13. ATM Operator Principal Home Street Address		14. ATM Operator Principal City, State, Zip	
15. ATM Operator Principal Social Security Number		16. ATM Operator Principal Driver License Number, Issuing State and Expiration Date	
17. ATM Operator Principal Date of Birth		18. Any other names by which you are now or have been known:	
19. Are you on parole or probation? Yes or No?	20. Have you ever been convicted of a felony? Yes or No?	21. Percentage of Ownership held by above named ATM Operator Principal	
22. Are there any other persons/entities that own or control [10%] or more of ATM Operator? Yes or No?		23. If the answer to #21 is Yes, such person/entities are deemed Other Principals. Please include details referenced in 10-21 regarding every Other Principal, on a separate ATM Operator Agreement.	

24. APPLICATION DECLARATION: The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator sponsored by Bank. The undersigned acknowledges that in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. Therefore, the undersigned agrees that Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a Criminal Background Investigation in connection with this Application. Applicant authorizes Bank or any of its agents to investigate information or data obtained from this Application. If there is more than one Principal indicated above, Applicant hereby provides the signed authorization for such Other Principals as well. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion.

25. SIGNATURE OF ATM OPERATOR PRINCIPAL / DATE _____

Meta Payment Systems, a division of MetaBank, ("Bank") sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

SECTION C – AGREEMENT BETWEEN Merchant/ATM OPERATOR, ISO AND BANK Line 26

26. In the event this Application is accepted by Bank, the above named ATM Operator, ISO and the Bank (collectively, the "parties") hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator financially participates in. ATM Operator and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such separate agreement; (2) The parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, including but not limited to the Plus System, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations may be amended from time to time; (4) The Bank may terminate this Agreement in Bank's sole discretion or in the event that either ATM Operator or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations; (5) ATM Operator and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses or damages arising out of ATM Operator's or ISO's failure to comply with this Agreement, with applicable laws and regulations, and with the Bylaws and Operating Regulations. (6) the surcharge amount shall not exceed the fee defined in Section F.

SECTION D – ATM Operator Completes Lines 27-31 **** PLEASE PRINT CLEARLY****

27. Check Recipient Name (Name of person (or entity) to whom the monthly commission check should be made out)		28. Mailing/Billing Address (What address should your monthly commission check be mailed to)	
29. Corporate/Alternate Phone Number	30. Corporate/Alternate Fax Number	31. City, State, Zip	

SECTION E – ATM Operator Identification (ISO Representative Completes Lines 32-35) **** PLEASE PRINT CLEARLY****

32. By signing below, I certify that the document used to identify this ATM Operator was provided to me and the above identification information is true and accurate and reflects the identity of this ATM Operator.	
33. Signature of Sales Representative for ISO Typed /Printed Name Date	
34. Name of Registered ISO / Sales Representative for ISO	35. Processor

SECTION F – ATM Operator Completes Lines 36- 37 (ISO Completes Lines 38- 49) **** PLEASE PRINT CLEARLY****

36. Surcharge Amount	37. Terminal Phone Number	38. Terminal Manufacturer	39. Terminal Model
40. Terminal Serial Number (# inside the ATM)	41. Terminal ID Number	42. Does this terminal have a Certified Self Encrypting PIN PAD? Yes or No?	43. Encrypting PIN PAD (EPP) Serial Number
44. Is this terminal Triple DES compliant? Yes or No?	45. Is this a Scrip Terminal? Yes or No?	46. Software Version	47. Firmware Version
48. Activating Custodian (1)		49. Activating Custodian (2)	

SIGNATURE OF ATM OPERATOR

SIGNATURE OF ISO

SIGNATURE OF BANK



ATM APPLICATION

Business Information			
Legal Business Name		DBA	
Business Address		City/State/Zip	
Equipment Address		City/State/Zip	
Owner's Name	Business Phone No.	Contact Person	Cell Phone No.
Nature of Business		Business Hours	

ATM Equipment Information

Make/Model (Please check one):

Hyosung	NH-1820:	Color LCD; 1K Note; Dial Lock	NH-1825_4K:	Color LCD; 4K Note; Dial Lock
1800 Series	NH-1825:	Color LCD; 2K Note; Dial Lock		
	<input type="checkbox"/> NH-5000:	Color LCD; 1K Note; E-Lock	<input type="checkbox"/> NH-5000CE_2K	Color LCD; 2K Note; E-Lock
5000 Series	<input type="checkbox"/> NH-5000_4K	Color LCD; 4K Note; E-Lock	<input type="checkbox"/> NH-5000CE_6K	Color LCD; 6K Note; E-Lock

5100T Series NH-5100T: 10.4 " Color LCD; 2K Note; E-Lock; Rear Service Panel, TCP/IP ready

Other Specify Model & Configuration: _____

Options E-Lock

*E-Lock option is available on NH-1800 series

Surcharge Information

Surcharge amount: \$ _____ Surcharge split: \$ _____ / \$ _____

Surcharge frequency (Please check one): Daily Monthly *

Surcharge check payable to: _____

* Note: Surcharge checks are issued on the 15th of the following month.

Special Instructions:

Authorization & Release

Business Purpose Release I acknowledge that this application is solely for the purposes of business and no other use.
I authorize BEI to release any information requested concerning personal or business standing.

Signature: X _____ Date: _____

Bank Express International * 489 Shoemaker Road, Suite 110 * King of Prussia, PA 19406
(610) 265-1900 * FAX (610) 265-1901

Attachment 2

ACH AUTHORIZATION RELEASE

_____ (“Customer”) authorizes Columbus Data Services, (“CDS”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be effected through the Federal Reserve System automated clearing house (ACH) system.

Settlement Disputes

Customer shall audit and balance the terminal(s) associated with the settlement account indicated below and shall promptly, but in no event more than 30 days after the date of any disputed or missing item, notify CDS of any disputed or missing item or items. If CDS determines that the disputed or missing item was credited or debited or made in error by CDS, CDS shall correct the error; however, CDS shall not be liable for any recovery of any amounts over 30 days prior to the date CDS was notified of the disputed or missing item although CDS will use its best efforts to recover any amounts over 30 days from the disputed date.

The undersigned represents and warrants to CDS that (a) the person executing the Authorization is authorized signatory on the Account referenced above and all information regarding the Account and the Account Holder is true and correct.

Authorized by: _____ Date: _____
Print Name and Title: _____

Daily Cash Settlement Account Information***

***** This form Must be accompanied by a printed voided check or a letter from the Bank to which the funds are settling referencing the Customer’s name, routing number and account number.**

Financial Institution: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Contact Name: _____ **Phone Number:** _____

Routing/Transit Number (9 digits) : _____
Account Number: _____

Business Name as it Appears on the Account

CDS use only

Date received: _____
Date entered: _____ Entered by: _____

Voided Check

Instructions:

* Please attach a VOIDED CHECK.

**** Starter checks and over the counter checks will NOT be acceptable forms of account verification.**

OR

* You may obtain a letter on bank letterhead from your financial institution, which should include:

- the checking account number,
- the bank's routing or ABA number, and
- the name as it appears on the account.

**Tape Voided
Check here
(Please DO NOT staple)**

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) ▶	
	<input type="checkbox"/> Exempt payee	
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.

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

Social security number								
				-				
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 ▶
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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.