



1.800.929.0228  
10749 Bren Rd. E.  
Minnetonka, MN 55343

# CUSTOMER PROCESSING AGREEMENT PROCESSING FEE SCHEDULE

FEES APPLY ONLY TO SERVICES USED

\_\_\_\_\_  
Sales Order No.

\_\_\_\_\_  
Sales Code No.

Application Type  New to Credit Card Processing  Currently Processing Credit Cards (Rewrite)

Legal Business Name: _____	DBA Name: _____ <input type="checkbox"/> Same as Legal
Legal Address: _____	Address: _____
Suite/Apt: _____	Suite/Apt: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____	Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
Contact Name: _____	Contact Name: _____
E-mail Address: _____	Business Open Date: _____ Mo. / _____ Yr.

I would like to receive online statements at the above listed e-mail address. I understand that by accepting this option, I will not receive a mailed statement.

If cards are currently accepted, please identify where:  MOTO/E-Commerce  Face to Face How Long: \_\_\_\_\_ (Years)  
Are you currently a customer of RBS Citizens, N.A.?  Yes  No If yes, please indicate the institution's name: \_\_\_\_\_

Business Ownership Type  
 Sole Proprietorship  Partnership  Corporation - Non-public  Non-profit Organization  LLC  Government Entity  Corporation - Public Stock Symbol: \_\_\_\_\_

Lead Number: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ (9-digits)

SIC: \_\_\_\_\_  
Business Product or Services: \_\_\_\_\_  
Please Describe in Detail

Delivery Method for Product (Immediate, Web site fulfillment within 30 days, etc.): \_\_\_\_\_

Has this company ever had any cardholder account information compromised?  Yes  No If Yes, When? \_\_\_\_\_

### CIP ATTESTATION - BUSINESS AND PRINCIPAL VERIFICATION

Please attach separate completed CIP Attestation Forms for additional principals with 20% or more ownership.

**CIP Business Verification ( e.g., Business License/Articles of Incorporation) NOTE: Must Complete all Applicable Fields**

Issuing Authority: \_\_\_\_\_ Document #: \_\_\_\_\_ List Document Type Here: \_\_\_\_\_  
(State/County/City)

Document Expiration Date: \_\_\_\_\_ Business Name (as appears on document): \_\_\_\_\_

Address (as appears on document): \_\_\_\_\_

Attach business verification documents for any business that has been open for less than 90 days.

**CIP Principal Verification (Driver's License/Government Issued ID) NOTE: Must Complete all Applicable Fields**

Issuing Authority: \_\_\_\_\_ Document/Driver's License #: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Name (as appears on license): \_\_\_\_\_

Date of Birth (as appears on license): \_\_\_\_\_ Address (as appears on license): \_\_\_\_\_

Check here if same as in Principal Information Section.  Check here if same as in Principal Information Section.

**RBS WorldPay Authorized Representative Signature**

By signing below, I acknowledge and attest that I have viewed the identifying information in the presence of the applicant and all information submitted is true and accurate to the best of my knowledge.

RBS WorldPay Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Swiped / Non-Swiped Percentages*				Financial Institution (F/I)?	Money Services Business (MSB)?
Face-to-Face	Imprinted	MO/TO	Internet	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____ % <small>(Swiped)</small>	_____ % <small>(Non-Swiped)</small>	_____ % <small>(Non-Swiped)</small>	_____ % <small>(Non-Swiped)</small>	<b>Institution Type:</b> <input type="radio"/> US <input type="radio"/> Non-US	F/I ID #: _____
Website Address: _____					
<small>*Web site address required for all merchants who have a site (regardless of whether the merchant is conducting e-Commerce business).</small>					
Transactions conducted at: <input type="radio"/> Store <input type="radio"/> Residence <input type="radio"/> Warehouse/Office <input type="radio"/> Mobile					

BUSINESS INFO

\_\_\_\_\_  
(Merchant Initials)



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BUSINESS INFO

Bank Name: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Bank Zip: \_\_\_\_\_

Does this location accept Advance Payments?  Yes  No

If Yes, please answer the following questions below.

**Payment Types:**

Deposit taken  Full Payment  Membership / Insurance / Subscriptions, etc.

- What is the average percentage of the deposits being paid in advance? \_\_\_\_\_
- Number of days the deposit is paid to the merchant in advance of the full payment? \_\_\_\_\_
- Number of days after full payment is made to the merchant until customer takes delivery of goods / services? \_\_\_\_\_
- Average number of days to complete the service after purchase (e.g. length of membership, insurance policy, subscriptions, etc.)? \_\_\_\_\_
- What percentage of the annual bank card volume is based on the payment terms above? \_\_\_\_\_

**Warranties**

Monthly volume attributable to warranties \$ \_\_\_\_\_ Average length of warranty outstanding (# of months) \_\_\_\_\_ Who reinsures warranty liability? \_\_\_\_\_

PRINCIPAL INFO

Number of Principals with 20% or more ownership: \_\_\_\_\_

Principal Name: \_\_\_\_\_  
First M.I. Last

Business Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Complete if the Principal has moved within the last two years)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Mo. - \_\_\_\_\_ Day - \_\_\_\_\_ Year Percent Ownership \_\_\_\_\_ %

US Citizen?  Yes  No If no, provide country of citizenship \_\_\_\_\_

PRINCIPAL INFO

Principal Name: \_\_\_\_\_  
First M.I. Last

Business Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Complete if the Principal has moved within the last two years)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Mo. - \_\_\_\_\_ Day - \_\_\_\_\_ Year Percent Ownership \_\_\_\_\_ %

US Citizen?  Yes  No If no, provide country of citizenship \_\_\_\_\_

CARD SERVICES / ACH SERVICES

**Visa®, MasterCard®, Discover® and JCB® Credit Processing**

**Accept All Visa, MasterCard, Discover and JCB Consumer Credit, Commercial and Signature Debit Cards**

Please Select Rate Pricing Structure

- 3-Tier Pricing
- 4-Tier Pricing
- Cost Plus Pricing

**Cost Plus Processing Fee**

\_\_\_\_\_ . \_\_\_\_\_ % Per Transaction

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Transaction

Merchants are responsible for the percentage and/or transaction fee listed here plus any card issuer costs involved.

**3-Tier and 4-Tier Rates and Surcharges**

**Tier 1 Rate**

Discount Rate: \_\_\_\_\_ . \_\_\_\_\_ % Per Transaction

Item Fee: \$ . \_\_\_\_\_ Per Transaction

**Tier 2 Surcharge**

Discount Rate: \_\_\_\_\_ . \_\_\_\_\_ % Per Transaction

Item Fee: \$ . \_\_\_\_\_ Per Transaction

**Tier 3 Surcharge**

Discount Rate: \_\_\_\_\_ . \_\_\_\_\_ % Per Transaction

Item Fee: \$ . \_\_\_\_\_ Per Transaction

**Tier 4 Surcharge**

Discount Rate: \_\_\_\_\_ . \_\_\_\_\_ % Per Transaction

Item Fee: \$ . \_\_\_\_\_ Per Transaction

Customer Average Monthly Volume:

\$ \_\_\_\_\_

Customer High Monthly Volume:

\$ \_\_\_\_\_

Customer Average Ticket:

\$ \_\_\_\_\_

Customer High Ticket:

\$ \_\_\_\_\_



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### Discover Network® Accounts

**Discover Network Retained Account**

Merchants who are on the "Discover Retained Merchant Accounts" list will continue to settle Discover transactions through Discover. Rates negotiated with Discover will apply on all Discover transactions in place of RBS WorldPay 3-Tier, 4-Tier, or Cost Plus credit transaction pricing structures. The RBS WorldPay item fee, as specified in this section, will be added to Discover Retained Merchant Accounts in addition to the negotiated Discover rates and will be charged by RBS WorldPay.

Existing Discover Merchant #: \_\_\_\_\_

RBS WorldPay Item Fee: \$ . \_\_\_\_\_ Per Transaction

### American Express®

**Existing American Express Customer**

Existing Amex Merchant #: \_\_\_\_\_

Existing Amex CAP #: \_\_\_\_\_  
(For existing, multi-location customers only)

**American Express Flat Fee\***

\* Merchants processing with American Express will be billed the Amex Discount Rate or the Monthly Flat Fee by American Express directly. The Monthly Flat Fee is \$5.95 prior to 10/01/09, after which time it will increase to \$7.95. The American Express rates and fees are subject to change from time to time by American Express. The RBS WorldPay item fee will be charged to the merchant by RBS WorldPay but does not apply to reverse PIP merchants.

American Express Yearly Volume: \$ \_\_\_\_\_

American Express Average Ticket: \$ \_\_\_\_\_

Amex Discount Rate: \_\_\_\_\_ % Plus \$ . \_\_\_\_\_ Per Transaction\*\*

RBS WorldPay Item Fee: \$ . \_\_\_\_\_ Per Transaction

\*\* 0.30% downgrade will be charged for Retail transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not Presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet), is used at unintended Establishments (e.g., customer activated terminals, called CATs, or for which the transaction is key-entered). Capitalized terms appearing in this paragraph shall have the meanings ascribed in the American Express Terms and Conditions.

**Apply for American Express**

**Apply for American Express Reverse PIP**

### PIN Debit Processing

**Accept Consumer PIN Debit Cards**

Debit Access Fee: \$ \_\_\_\_ . \_\_\_\_ Per Month - Per Location

Debit Item Fee\*: \$ . \_\_\_\_ Per Transaction

Denials & Voids Fee\*: \$ . \_\_\_\_ Per Transaction

Batch Totals Fee: \$ . \_\_\_\_ Per Transaction

RevolutionCard Fee: . 50 % (basis points) Per Transaction

\*Plus fees from individual card companies and/or debit networks.

### EBT

**Accept EBT**

**Retailer will issue benefits in the form of:**

- Food Stamp and Cash Benefits
- Food Stamp Benefits Only
- Cash Benefits Only

EBT Access Fee: \$ \_\_\_\_ . \_\_\_\_ Per Month - Per Location

EBT Item Fee: \$ . \_\_\_\_ Per Transaction

Denials & Voids Fee: \$ . \_\_\_\_ Per Transaction

Batch Totals Fee: \$ . \_\_\_\_ Per Transaction

FNS Number: \_\_\_\_\_  
(Food Stamps Merchants Only)

### Direct Debit USA

**Accept Direct Debit ACH Service**

Deposit and Re-Deposit Item Fee: \_\_\_\_ . \_\_\_\_ % (basis points) Per Transaction

CARD SERVICES / ACH SERVICES

MISC. FEES

Administrative:  
\$ \_\_\_\_ . \_\_\_\_ Per Month - Per Location

ACH Reject, NSF or Returned Check:  
\$ \_\_\_\_ . \_\_\_\_ Per Occurrence

Voice AVS Request: \$ \_\_\_\_ . \_\_\_\_ Per Call

Minimum Processing:  
\$ \_\_\_\_ . \_\_\_\_ Per Month - Per Location

Voice Authorization: \$ \_\_\_\_ . \_\_\_\_ Per Call

Batch Header: \$ . \_\_\_\_ Per Occurrence

Chargeback Handling: \$ \_\_\_\_ . \_\_\_\_ Per Chargeback

Voice Authorization Referral: \$ \_\_\_\_ . \_\_\_\_ Per Call

Other Fee: \$ \_\_\_\_\_ . \_\_\_\_\_ \*

\* The Early Termination Fee set forth in Section 10.3 of the Terms and Conditions applies unless a different amount is specified in the Other Fee section above.

PETRO SERVICES

### Wright Express® (WEX)

**Apply for Wright Express (WEX)\*\***

RBS WorldPay Item Fee:  
\$ . \_\_\_\_ Per Transaction

### Fuelman® (FleetCor)

- Apply for Fuelman (FleetCor)\*\***
- Current Fuelman (FleetCor) Customer**

RBS WorldPay Item Fee:  
\$ . \_\_\_\_ Per Transaction

### Fleet One®

- Apply for Fleet One\*\***
- Current Fleet One Customer**

RBS WorldPay Item Fee:  
\$ . \_\_\_\_ Per Transaction

### Voyager®

- Apply for Voyager**
- Current Voyager Customer**

Voyager Discount Rate:  
\_\_\_\_ . \_\_\_\_ % Per Transaction  
RBS WorldPay Item Fee:  
\$ . \_\_\_\_ Per Transaction

\*\* Wright Express, Fuelman (FleetCor), and Fleet One applications require an additional form that is separate from the RBS WorldPay Customer Processing Agreement. Approximate set-up time for Wright Express, Fuelman (FleetCor), and Fleet One applications is 7-10 business days.

GIFT & LOYALTY

### Gift Cards

**Accept Gift Cards\***

Gift Card Item Fee: \$ . \_\_\_\_ Per Transaction

Order Processing Fee\*\*: \$ 25.00

Gift Card Dormancy Fee: \$ . \_\_\_\_  
Per Service Fee Assessed Per Card

Gift Card Activation/Reload Fee: \_\_\_\_ %  
of Activation/Reload Amount

\*\*Order processing fee applies to Standard and Image initial orders and reorders less than 200 cards.

### Loyalty Cards

**Accept Loyalty Cards\***

Item Fee: \$ . \_\_\_\_ Per Transaction

Program Fee: \$ \_\_\_\_ . \_\_\_\_ Per Month - Per Location

\*Merchants ordering Gift Cards or Loyalty Cards will need to complete and submit the Card Order Form.



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SOFTWARE	Selected Software	Software Fees	
	Databcap Service Fee: \$ ____ . ____ Per Month – Per Terminal  Databcap Item Fee: \$ . ____ Per Transaction  Micros Surcharge Fee: \$ . ____ Per Transaction	Virtual Terminal Service Fee: \$ ____ . ____ Per Month – Per Terminal  Debit/Credit Origination Fee: \$ . ____ Per Transaction	<b>Recurring Payments Service Fee:</b> \$ ____ . ____ Per Month – Per Terminal  <b>Direct Draft</b> ACH Reject: \$ ____ . ____ Per Occurrence      Prenote: \$ ____ . ____ Per Occurrence

OTHER SERVICES	Wireless Services		
	<input type="checkbox"/> <b>Accept Transactions via Wireless</b>	Wireless Services: \$ ____ . ____ Per Month – Per Terminal	
	Check Services		
	<input type="checkbox"/> <b>Apply For CrossCheck Services*</b>	Current Check Processing Company: _____	
<input type="checkbox"/> <b>Currently Accepts Check Services</b>	Existing Check Processing Merchant #: _____		
<b>*Merchants applying for CrossCheck Services must complete a separate CrossCheck Services Agreement.</b>			
Equipment Replacement And Supplies		RFID	ARU
<input type="checkbox"/> <b>Accept</b>	<b>Please Select Service Level:</b>	<input type="checkbox"/> <b>Accept Transactions via RFID</b>	<input type="checkbox"/> <b>Accept Transactions via ARU Only</b>
<input type="checkbox"/> <b>Decline</b>	<input type="radio"/> Terminal & Supplies: \$ ____ . ____ Per Month – Per Terminal <input type="radio"/> Supplies Only: \$ ____ . ____ Per Month – Per Terminal <input type="radio"/> Terminal Only: \$ ____ . ____ Per Month – Per Terminal	<b>Please Select RFID Equipment Type</b> <input type="radio"/> Stand Alone <input type="radio"/> Terminal Mount <input type="radio"/> Wall/Glass Mount	Merchants processing via ARU are not subject to the Voice Authorization, Voice Authorization Referral, or Voice AVS Request Fees listed in the Misc. Fees section of this document.

INTERNET SERVICES	Shopping Carts	Internet Gateways		
	<input type="checkbox"/> <b>Accept Transactions via Internet Shopping Cart</b>	<input type="checkbox"/> <b>Accept Transactions via Internet Gateway</b>	Gateway Setup Fee: \$ ____ . ____	
	Please Select Shopping Cart Type <input type="radio"/> Process via Cart32 <input type="radio"/> Process via MIVA      Shopping Cart Maintenance Fee: <input type="radio"/> Process via ShopSite \$ ____ . ____ Per Month - Per Terminal	Please Select Internet Gateway <input type="radio"/> Authorize.Net <input type="radio"/> TSYS <input type="radio"/> Other (Please Specify): _____	TSYS Surcharge Fee: \$ . ____ Per Transaction Item Fee: \$ . ____ Per Transaction	
Internet Business Information				
Average Days to Fill a Order: _____		Percent of Orders Filled Internally: _____ %		
Name of Fulfillment House: _____		Average Days to Ship an Order: _____		
Website Address: _____		Site Is SSL Secured: <input type="radio"/> Yes <input type="radio"/> No		
Transaction Service Provider Information: _____		<div style="border: 1px solid black; padding: 5px;"> <b>Refund Policy</b>  <input type="radio"/> Site Credit Only  <input type="radio"/> No Refunds  <input type="radio"/> Card Credit           </div>		

EQUIPMENT	POS / VAR Application Name: _____		Version No. _____	
	This information is required for industry compliance purposes.			
	Terminal	New	Description	Serial Number
	Printer	Used		
	PIN Pad	Existing		
	Check Reader	Rental		
	Card Reader	Exchange		
Other				
Qty	Monthly Rental Price Per Unit (if applicable)			
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<input type="radio"/>	<input type="radio"/>	_____	\$ _____	
<b>Note: Rental equipment requires execution of a separate agreement.</b>				
Store Name: _____		<div style="border: 1px solid black; padding: 5px;"> <b>Store Return Policy on Terminal Receipt:</b>  <input type="radio"/> All Sales Final   <input type="radio"/> No Refunds   <input type="radio"/> Store Credit Only           </div>		
(As it is to appear on receipt header and imprinter plates)				
<b>Auto-Close</b>	<b>Auto-Close Time</b>	<b>Time Zone</b>	<b>Prompt for Server/Cashier #</b>	
<input type="radio"/> Yes <input type="radio"/> No	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> EST <input type="radio"/> MTN <input type="radio"/> CNT <input type="radio"/> PAC <input type="radio"/> Hawaii	<input type="radio"/> Yes <input type="radio"/> No	

(Merchant Initials)



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Sales Order No.

\_\_\_\_\_  
Sales Code No.

EQUIPMENT

If **N (New)** is selected above, bill shipping to:  Customer  Sales

**Shipping Method:**  Overnight  2nd Day  Ground

**Installation:**  By Processor  By Sales  By Reseller

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MERCHANT ACCEPTANCE AND GUARANTY

The Customer hereby agrees to RBS WorldPay's standard Terms and Conditions for Customer Processing Agreements. These Terms and Conditions either appear on the reverse side of this form or are attached hereto. By signing below, I represent that (i) I have received and reviewed a copy of the Terms and Conditions and (ii) the information I have provided on the Customer Processing Agreement and during the application process, whether in written, electronic or verbal form, is complete and accurate. Customer acknowledges that no oral or written modifications to the Terms and Conditions have been made or promised to the customer.

**USA PATRIOT Act** – Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to an account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time.

A consumer report of each of the officers, partners or owners of Customer may be requested from a consumer and/or credit reporting agency at the inception of this Agreement and from time to time thereafter. Acknowledgement and consent are hereby given.

By signing below, I represent that I have read and am authorized to sign and submit the application which I am delivering at this time to RBS WorldPay, Inc on behalf of the entity below and all information I have provided in the application is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in the application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through RBS WorldPay, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated below to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions.

**AS YOUR PAYMENTS PROVIDER, WE THANK YOU FOR YOUR BUSINESS.**

\_\_\_\_\_  
(Authorized Signature) (Print Name) (Title) (Date)

\_\_\_\_\_  
(Authorized Signature) (Print Name) (Title) (Date)

The undersigned further hereby unconditionally guarantees to Bank and RBS WorldPay the full payment of all obligations arising out of or in furtherance of the Agreement and to pay Bank or RBS WorldPay all expenses incurred in collecting such obligation.

\_\_\_\_\_  
(Signature) (Date) (Signature) (Date)

The undersigned sales representative attests that a site inspection of the above named Customer's premises was conducted and that the Customer has the proper facilities, equipment, inventory and licenses required to conduct the business.

SITE

\_\_\_\_\_  
(RBS WorldPay Authorized Representative Signature) (Print Name) (Date)