

ACH PROCESSING APPLICATION AND AGREEMENT

3361 Boyington Drive, Suite 180 Carrollton, TX 75006 Ph: (972) 759-4800 Fax: (866)-386-9073

BUSINESS STRUCTURE (Check One) Sole Proprietor						
BILLING ADDRESS CITY STATE ZI BUSINESS WEBSITE URL BUSINESS STRUCTURE (Check One) Sole Proprietor Partnership LLP BUSINESS PHONE BUSINESS STRUCTURE (Check One) Sole Proprietor Partnership LLP BUSINESS PHONE C-Corporation S-Corp LLC FEDERAL TAX ID STATE TAX ID SAI Other BUSINESS DESCRIPTION (BE SUSINESS DESCRIPTION (BE SPECIFIC) TYPE OF BUSINESS MAIL ORDER NBOUND PHONE NITERNET RETAIL % OUTBOUND PHONE % OTHER INIDICATE SEC CODE: PPD/ CCD WEB TEL CONTACT TITLE CONTACT EMAIL COPPLEASE refer to Guidelines for SEC Codes pdf GUARANTOR INFORMATION PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COWN/RENT (Check One) PERSONAL EMAIL ADDR PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COWN/RENT (Check One) PERSONAL EMAIL ADDR PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COWN/RENT (Check One) PERSONAL EMAIL ADDR PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COWN/RENT (Check One) PERSONAL EMAIL ADDR RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) PERSONAL EMAIL ADDR RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) PERSONAL EMAIL ADDR FINANCIAL INSTITUTION INFORMATION PERSONAL EMAIL ADDR FINANCIAL INSTITUTION INFORMATION PHONE: FINANCIAL INSTITUTION NAME: PHONE: FINANCIAL INSTITUTION NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE ZIP COWN/RENT CHECK ONE PHONE: PHONE: ZIP COWN/RENT CHECK ONE PROPERTY ZIP COWN/RENT CHECK ONE PROPERTY ZIP COWN/RENT CHECK ONE ZIP COWN/RENT CHECK ONE ZIP COWN/RENT CHECK ONE ZIP COWN/RE	THER PHONE F LOCATIONS LES TAX ID % % NTACT PHONE E OF BIRTH:					
BUSINESS WEBSITE URL BUSINESS STRUCTURE (Check One) Sole Proprietor	THER PHONE F LOCATIONS LES TAX ID % % NTACT PHONE E OF BIRTH:					
BUSINESS STRUCTURE (Check One) Sole Proprietor	F LOCATIONS LES TAX ID % % NTACT PHONE E OF BIRTH:					
Sole Proprietor	% % NTACT PHONE E OF BIRTH:					
BUSINESS DESCRIPTION (BE SPECIFIC) TYPE OF BUSINESS MAIL ORDER % INBOUND PHONE % INTERNET RETAIL % OUTBOUND PHONE % OTHER INIDCATE SEC CODE: PPD/ CCD WEB TEL CONTACT TITLE CONTACT EMAIL CO! Please refer to Guidelines for SEC Codes to reference documents needed http://www.jetpay.com/resources/library/pdf/Guidelines for SEC Codes.pdf GUARANTOR INFORMATION PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT PRISONAL EMAIL ADDR OWN PRISONAL EMAIL ADDR OWN RENT PRISONAL EMAIL ADDR OWN PRISONAL EMAIL ADD	% NTACT PHONE E OF BIRTH:					
TYPE OF BUSINESS MAIL ORDER % INBOUND PHONE % INTERNET RETAIL % OUTBOUND PHONE % OTHER INIDCATE SEC CODE: PPD/ CCDWEBTEL CONTACT EMAIL COPPlease refer to Guidelines for SEC Codes to reference documents needed http://www.jetpay.com/resources/library/pdf//Guidelines for SEC Codes.pdf GUARANTOR INFORMATION PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP CONTACT EMAIL ADDR OWNRENT PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWNRENT PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP CONTACT EMAIL ADDR RESIDENCE ADDRESS: OWN/RENT (Check One) OWNRENT RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWNRENT PERSONAL EMAIL ADDR FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE	% NTACT PHONE E OF BIRTH:					
INIDCATE SEC CODE: PPD/ CCDWEBTEL	NTACT PHONE E OF BIRTH:					
Please refer to Guidelines for SEC Codes to reference documents needed GUARANTOR INFORMATION PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COMPANY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE OWN RENT COMPANY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COMPANY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: OWN/RENT (Check One) OWN RENT COMPANY OWN R	E OF BIRTH:					
PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN						
RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT OWN SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE ADDRESS: CITY: RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT OWN RENT OWN RENT FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: FINANCIAL INSTITUTION NAME: FINANCIAL INSTITUTION ADDRESS: CITY: STATE ZIP C CITY: STATE: ZIP C STATE: ZIP C STATE: ZIP C STATE: ZIP C						
RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT DOWN RENT DOWN RENT SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP COMPANDED DESCRIPTION NAME: STATE: STA	CODE:					
PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT OWN RENT STATE FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE 7						
PRIMARY OFFICER/ OWNERS NAME: TITLE: EQUITY OWNERSHIP %: SOCIAL SECURITY NO: DATE RESIDENCE ADDRESS: CITY: STATE: ZIP C RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN ☐ RENT ☐ PERSONAL EMAIL ADDRESS FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE Z	ESS					
RESIDENCE PHONE: YEARS AT ADDRESS: OWN/RENT (Check One) OWN RENT OWN RENT STATE FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE 7	E OF BIRTH:					
FINANCIAL INSTITUTION INFORMATION FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE 7	CODE:					
FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE 7	PERSONAL EMAIL ADDRESS					
FINANCIAL INSTITUTION NAME: BANK OFFICER NAME: PHONE: FINANCIAL INSTITUTION ADDRESS: CITY: STATE 7	FINANCIAL INSTITUTION INFORMATION					
NAME ON ACCOUNT BANK ACH ROUTING NO: BANK ACCOUNT NO:	ZIP					
NAME ON ACCOUNT BANK ACH ROUTING NO: BANK ACCOUNT NO:						
The current and projected number of checks, dollar amount per checks and total dollar amount of all checks is extremely importan accurate of information as possible, as the information is used for underwriting criteria.	it! Please provide as					
NUMBER OF CHECKS: DOLLAR AMOUNT PER CHECK: TOTAL DOLLAR AMO	OUNT OF CHECKS:					
Current Projected Current Projected Current Daily Avg: Minimum \$ Daily Avg: \$	Duois 4-3					
Daily Max: S Daily Max: S	Projected \$					
Weekly Max: Monthly Max: S Weekly Max: S Monthly Max: S Monthly Max: S	\$ \$					
Return Rate NSF Return Rate Recurring	\$					
AVG %	\$ \$ \$ \$					



Corporate Certification

bylaws and still in force and effect. RESOLVED, that the follow contract with JETPAY MERCHANT SERVICES and to act on a Agreement and any addendum thereto. On behalf of the foregoing legal business ("CLIENT"), to induce undersigned certifies the accuracy of all the foregoing informatic Credit Bureau, or other investigative agency contracted by JETP	llowing is a true and complete copy of a resolution adopted on resolution being in accordance with the corporation's articles and ing person(s) are hereby authorized on behalf of the corporation to behalf of the corporation in all matters related to the ISO E JETPAY MERCHANT SERVICES reliance thereon, the on and authorizes JETPAY MERCHANT SERVICES, Bank, AY MERCHANT SERVICES to investigate any and all from CLIENT, other persons, companies or agencies pertaining to diaccuracy of any of the foregoing information. The undersigned my and all changes which may occur from time to time in the			
Primary Signature:	Date:			
Printed Name:	Title:			
Secondary Signature:	Date:			
Printed Name:	Title:			
The undersigned guarantees to JETPAY MERCHANT SERVICES the performance of this Agreement and any addendum thereto by CLIENT, including payment of all sums due and owing any attorneys fees and costs associated w/ enforcement of the terms thereof. JETPAY MERCHANT SERVICES shall not be required to first proceed against CLIENT to first enforce any other remedy before proceeding against the undersigned. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned, shall bind heirs, administrators, representatives and assigns and may be enforced by for the benefit of any other successor of JETPAY MERCHANT SERVICES. The term of this guarantee shall be for the duration of the ACH PROCESSING AGREEMENT and any other addendum thereto and shall guarantee all obligations which may arise or accrue during the term thereof though enforcement shall be sought subsequent to any termination. The undersigned represents and warrants that all information provided by Client in the ACH Processing Application and ACH Processing Agreement, and any documentation supplied thereto, is true and correct. Also, the undersigned authorizes JETPAY MERCHANT SERVICES or its representative to investigate the credit of each person listed in the ACH Processing Application and represents that he/she has the authority to provide such information.				
Primary Signature:	Date:			
Printed Name:	Title:			



ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in this application (Do not use a deposit ticket or temporary check)

ATTACH COPY OF PRINCIPAL'S DRIVERS LICENSE HERE

(or on a separate page)

NOTE: Please attach a copy of the Drivers License for all Principals listed on the first page of this agreement.



Merchant Application and Agreement Acceptance

By executing this Merchant Application and Agreement on behalf of the merchant described above (the "Merchant"), the undersigned individual(s): (i) represent(s) and warrant(s) that all information contained in this Merchant Application is true, correct and complete as of the date of this Merchant Application and any fines, losses or penalties that arise do to in-accurate information will be assessed to the merchant, and that such individual(s) have the requisite corporate power and authority to complete and submit this Merchant Application and Agreement and provide the acknowledgements, authorizations and agreements set forth below, both on behalf of the Merchant and individually; (ii) acknowledge(s) that the information contained in this Merchant Application is provided for the purpose of obtaining, pricing and acceptance for processing or maintaining a merchant account with JETPAY and Bank on behalf of the Merchant; (iii) authorize JETPAY and Bank to investigate the credit of the Merchant and each person listed on this Merchant Application; and (iv) agree, on behalf of the Merchant and in the event this Merchant Application is accepted and executed by Bank and JETPAY, to all of the terms and conditions set forth in the Merchant Agreement. The Merchant and undersigned individuals understand it is their responsibility to carefully review the terms and conditions of the merchant agreement provided and available at http://www.jetpay.com/merchant/about ach merchant terms.php, which are hereby incorporated by reference. By signing below, you acknowledge that you have read, understood and agree to those terms and conditions and that you agree to accept electronic notification of any changes to those terms and conditions as updated from time to time at the JetPay WEB address for merchant terms listed above. If the merchant is a corporation, its proper Corporate Officers must sign. This Agreement may be signed by one or more counterparts and all

	Merchant:	
Principal 1:		Date:
•	(Signature of Officer/Owner)	 -
Principal 2:		Date:
	(Signature of Officer/Owner)	
	JETPAY ONLY BELOW THIS LINE	
	JetPay Sponsor Bank:	
Ву:	Date:	
Name and Title:	Date:	
	JetPay, LLC:	
Ву:	Date:	
Name & Title:	Date:	