

Local Support. Worldwide Scalability.

A more transparent way for businesses to process payments.



Restaurants



Cash Discount

Incentivize cash payments and never pay processing fees again.

Clear Pricing

No changing fees or percentages. Just a monthly price.



Local Reps

Work with a rep who knows your area and your needs.



Cash Advances

Turn transactions into capital—our alternative to business loans.

Gift Cards

Increase revenue with a mini billboard in your customer's wallet.



Wholesale Advantage

Tech savvy, touchless payment solutions

We stay up-to-date with the latest technology, trends, and regulations so you don't have to. From terminals to high end support and technology, we meet your payment processing needs—all with local reps.



OUR VALUES

What we value defines not only who we are as a company, but how we aim to treat every employee, client and partner.





WHY CHOOSE WHOLESALE PAYMENTS



03

06

PROTECTED PRICING

If we don't provide additional value, we don't charge additional fees. We will never arbitrarily raise your prices as long as your business methods and transaction volumes don't change significantly.

TRANSPARENT STATEMENTS

You will receive clear billing statements with all charges and fees fully disclosed. Each cost and charging party will be communicated-meaning there will be no hidden fees, surcharges, or additional premiums.

LOCAL BUSINESS ADVOCATES

Our products are backed by individuals in your own community.We employ local sales representatives United States. The success of your business is important to your sales representatives.

ADAPTABLE PRODUCT SOLUTIONS

The Wholesale Payments team will tailor our versatile product offerings to your specific needs. If necessary and possible, we will use our best efforts to integrate with your current hardware, legacy systems, vendors, and competitors.

EXCEPTIONAL CLIENT SUPPORT

05

The Wholesale Payments Corporate Office, based in Lubbock, Texas provides highly effective underwriting, efficient onboarding, and personalized customer service.

ONE STOP SHOP

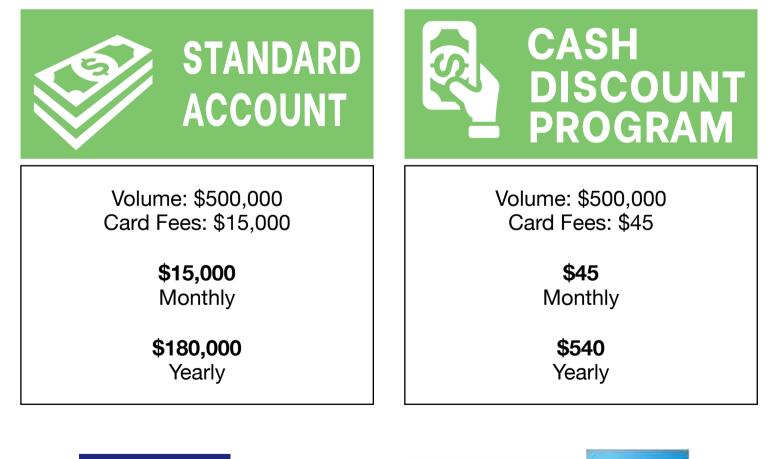
Wholesale Payments provides our customers with a full suite of product offerings to enhance their customer relationships. A few of our solutions are: gift card program, check guarantee services, business loans / cash advances, Level 3 B2B processing, free church giving kiosks, NFC contactless payments, are just to name a few. The Cash Discount Program has given merchants the ability to pass the credit card processing fees to their customers while incentivizing cash purchases. This is the most popular pricing model and over 70% of all new merchant accounts boarded within 2020 were cash discount merchants. By offering a cash discount, you offset your processing fees and eliminate your processing bill. Never pay credit card processing fees again. The pricing advertised in store are posted as cash prices. Those customers who pay with cash avoid the non-cash fee and all others will see a line item added to their receipt.

ABOUT THE CASH DISCOUNT PROGRAM

CUSTOMER PRICING NOTICE

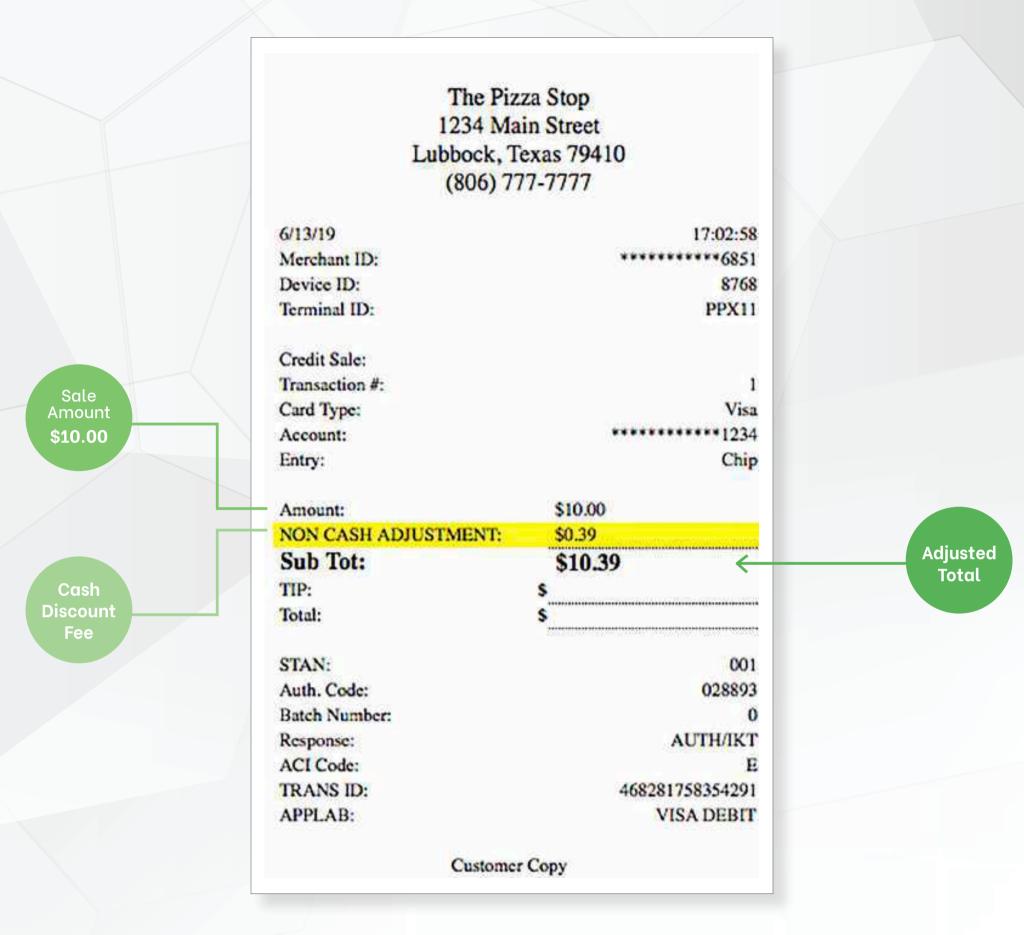
As an incentive for customers, we now offer a discount to pay with cash or an in-store gift card by providing an immediate discount when you pay by cash or in-store gift card.







CASH DISCOUNT RECEIPT



CASH DISCOUNT PROGRAM

By now, you've probably become aware of the rising popularity of Cash Discount to offset your merchant service fees. A Cash Discount program is a method of implementing a service fee to all customers who pay with a card, while providing a discount to those who pay with cash. Cash Discount programs are legal in all 50 states per the Durbin Amendment (part of the 2010 Dodd-Frank Law), which states that businesses are permitted to offer a discount to customers as an incentive for paying with cash. While this type of program has been used by gas stations for years now (displaying cash prices), there is still confusion on how to implement a Cash Discount program the right way.

1. OENERAL INFORMATION Pg 1 of 2 Client's Business Name (Doing Business Name) Clint's Corporate/Legal Name Location Address Corporate/Legal Name City State Zip City State Zip Location Phone Location Fax Contact Name Customer Service Phone Prior Security Breach? Business Email D&B# Business Wobsite Address Fed Tax LiD # (Must match IRS Income tax filing) Tax Type Multiple locations? Yes No Date Business Started Length Current Ownership Sord artivery // Transplack requests to Date Business Started Length Current Ownership Corporate Address Date Business Started Length Current Ownership Corporate Address Location Address Do Not Mail Not Corporate Address Do Not Mail Corporate Address Location Address Do Not Mail Not Corporate Address State Filing Part Engle Address S				
Location Address Corporate Address (if Different than Location) City State Zip City State Zip Location Phone Location Fax Contact Name Contact Phone Customer Service Phone Prior Security Breach? Business Email D&B# Business Website Address Fed Tax ID # (Must match IRS income tax filling) Tax Type Multiple locations? Yor IN If Yes, enter # of locations Tax Filing Name Send entriveal / chargeback requests to Corporate Address Location Address Location Address Location Address Send entriveal / chargeback requests to Corporate Address Location Address Do Not Mail Tax Filing Name Send entriveal / chargeback requests to Corporate Address Location Address Do Not Mail Emeritation may result in a withoreding entriveal / chargeback requests to Corporate Address Location Address Entriveal / chargeback requests to Corporate Address Social Security # Corporate Address Corporate Address Corporate Address Social Security # Norf Filine Back Social Security # Corporate Address Corporate Address Tolephone Social Security # Social Security # 2. OWner/Offi				
City State Zip City State Zip Location Phone Location Fax Contact Name Contact Phone Customer Service Phone Prior Sacurity Breach? Business Email D&B# Business Wobsite Address Fed Tax ID # (Must match IRS Income tax filling) Tax Type Multiple locations? [] Vor [] N If Yes, enter # of locations Tax Filling Name Send retrieval / chargeback requests to Date Business Stated Longth Current Ownership Corporate Address Location Address Dot of Mail Type of Organization: Soft Prop Patternethy Dirt Corporate Address Do Not Mail Type of Organization: Soft Prop Patternethy Dirt Corporate Address Do Not Mail Owner/Officer 1 Home Address Telephone Social Security # 700 City: State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # 11le % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Bir				
Location Phone Location Fax Contact Name Contact Phone Customer Service Phone Prior Security Breach? Business Website Address Business Email D&B# Business Website Address Fed Tax ID # (Must match IRS income tax filing) Tax Type Multiple locations? Yo mail Tax Filing Name Send refreval / chargeback requests to Comporte Address Date Business Started Length Current Ownership Corticy Internetion Social Security Ministreeship Date Business Started Length Current Ownership Corticy Internetion Social Security Ministreeship Social Security # Motifier Security # Contract Name Telephone Social Security # Conver/Officer 1 Home Address Telephone Social Security # Title % Ownership City State Zip Birth Date Owner/Officer 2 Home Address Owner 2 Y No Business Type Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Owner/Officer Bank Name Social Security # Social Security # <tr< td=""></tr<>				
Customer Service Phone Prior Security Breach? Business Email D&B# Business Wobsite Address Fed Tax ID # (Must match IRS income tax filling) Tax Type Multiple locations? Yor N If Yes No Send ortrive/al / chargeback requests to Date Business Started Length Current Ownership Corporate Address Date Business Started Length Current Ownership Corporate Address Do Not Mail Sold Tax Filling Name Type of Organization: Sole Proop Destromership Corver, Cacadita/Eef Gedral) Sole/Tax Ex. State Filling: Type of Organization: Sole From W4.3 Sole From W4.3 Sole From W4.3 2. OWNERS / PARTNERS / OFFICERS Opmer/Officer 1 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Owner/Officer 2 No Home Address Social Security # State Zip Email Address Birth Date Birth Date Owner/Officer 2 Home Address Owner/Officer 3 Social Security # Birth Date Social Security # <tr< td=""></tr<>				
Business Fed Tax ID # (Must match IRS income tax filing) Tax Type Business Fed Tax ID # (Must match IRS income tax filing) Tax Type Multiple locations? Yor N If Yes, enter # of locations Tax Filing Name Send retrieval / chargeback requests to Contron Address Date Business Started Length Current Ownership Comported Address Location Address Do Not Mail Spread Forgina netty / Inorreship				
Multiple locations? Y or M If Yes, enter # of locations Tax Filing Name Send retrieval / chargeback requests to Date Business Started Length Current Ownership Send retrieval / chargeback requests to Date Business Started Length Current Ownership Corporate Address Location Address Date Business Started Length Current Ownership Corporate Address Location Address Do Not Mail Type of Organization: Social Security # Image Address NOTE: Failure to provide scause information may result in a withholding per rise regulator. (see Part IV. Section A.4 of your Program Guide for turture information may result in a withholding per filter failure to provide scause information. (see Part IV. Section A.4 of your Program Guide for turture information.) 2. OWNERS / PARTNERS / OFFICERS Telephone Social Security # 0 wner/Officer 1 Mome Address Telephone Social Security # 11ile % Ownership City State Zip Email Address Birth Date 0 wner/Officer 2 Home Address Owner 2 LY N Business and/or Personal Owner 2 LY N Business and/or Personal Social Security # 3. TRANSACTION INFORMATION Second Product/Services Sold Birth Date Birth Date				
Multiple locations / Lor N In Yes, enter # or locations				
Corporate Address Location Address Do Not Mail Send monthly merchant statements to: Corporate Address Do Not Mail Type of Organization: Sole Prop Partnership LLC/LLP C Corp Govt. (Local/State/Federal) 501cTax Ex. State Filing:				
Send monthly merchant statements to: Corporate Address Location Address Do Not Mail Type of Organization: Sole Prop Partnership LLC/LLP C Corp Govt. (Local/State/Federal) 501c/Tax Ex. State Filing: I certify that ma a foreignet relify. NOTE: Failure or provide accurate information may result in a withholding of merchant funding per //RS regulations. (See Part IV, Section A.4 of your Program Guide for further information.) 2. OWNERS / PARTNERS / OFFICERS Owner/Officer 1 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Owner 2 N Business and/or Personal Owner 2 V N Business and/or Personal 3. TRANSACTION INFORMATION 4. NATURE OF BUSINESS Sole ProductServices Soid Business Type Seasonal Merchant [Yes IN/o In and Agdress Swipe %				
Type of Organization: Sole Prop Partnership LLC/LLP C corp Govt. (Local/State/Federal) Sole(Trax Ex. State Filing: I certify that ma foreignentify nonsentify nonsentex nonsentify n				
If Checked, please attach IRS Form W-8.) IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.) 2. OWNERS / PARTNERS / OFFICERS Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Birth Date Owner/Officer 2 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Birth Date Title % Ownership City State Zip Email Address Birth Date Title % Ownership City State Zip Email Address Birth Date Prior Bankruptcies? Owner 1 Y N Eusiness Type Secand Feesson Beschersters Beschersters Beschersters Beschersters Secand Feesson				
Owner/Officer 1 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Prior Bankruptcies? Owner 1 Y N Business and/or Personal Owner 2 Y N Business and/or Personal OK//Disc/Amex Requested Monthly Payment Card Volume \$				
Title % Ownership City State Zip Email Address Birth Date Owner/Officer 2 Home Address Telephone Social Security # Title % Ownership City State Zip Email Address Birth Date Prior Bankruptcies? Owner 1 Y N Business and/or Personal Owner 2 Y N Business and/or Personal 3. TRANSACTION INFORMATION U Owner 2 Y N Business and/or Personal MC/VDIsc/Amex Requested Monthly Payment Card Ticket \$				
Image: construct of the state City State Zip Email Address Birth Date Prior Bankruptcies? Owner 1 Y N Business and/or Personal Owner 2 Y N Business and/or Personal Owner 2 Y N Business and/or Personal Birth Date 3. TRANSACTION INFORMATION Image: construct of the state Imag				
Prior Bankruptcies? Owner 1 Y N Business and/or Personal 3. TRANSACTION INFORMATION 4. NATURE OF BUSINESS MC///Disc/Amex Requested Monthly Payment Card Ticket \$ Requested Aigh Payment Card Ticket \$ Previous Processor Swipe %				
3. TRANSACTION INFORMATION MC/V/Disc/Amex Requested Monthly Payment Card Volume Requested Monthly Payment Card Ticket \$				
MC///Disc/Amex Requested Monthly Payment Card Volume S				
Requested Monthly Payment Card Volume Requested Avg Payment Card Ticket Requested High Payment Card Ticket Seasonal Merchant [Yes]No Previous Processor Previous Processor Season For Leaving				
Requested Avg Payment Card Ticket \$				
Requested High Payment Card Ticket \$				
Reason For Leaving 5. BANKING ACCUTINFORMATION Deposit Bank Name Routing# Account# Bank Phone Combined ACH Checking Savings Individual ACH Individual ACH Savings Individual ACH Savings Individual ACH				
Deposit Bank Name Routing# Account# Bank Phone Combined ACH Checking Savings 6. SERVICE ACCEPTANCE AND FEE SCHEDULE Request to Accept Card Vpes: VISA ORE MASTERCARD CEV Image: Combined ACH Image				
Deposit Dark Name Individual ACH 6. SERVICE ACCEPTANCE AND FEE SCHEDULE Request to Accept Card Types: VISA CREDIT VISA DEBIT MASTERCARD CREDIT DISCOVER AMEX CREDIT PIN DEBIT V/MC/Discover Network Discount Plan: Tiered Basic Passthrough IC ERR Flat Rate Assessments & Brand Fees: Included Billed Separately Requested Discount Planet Daily Monthly				
6. SERVICE ACCEPTANCE AND FEE SCHEDULE Request to Accept Card Types: VISA CREDIT VISA C				
Request to Accept Card Types: VISA CREDIT VISA DEBIT MASTERCARD CREDIT MASTERCARD DEBIT DISCOVER AMEX CREDIT DIN DEBIT V/MC/Discover Network Discount Plan: Tiered Basic Passthrough IC ERR Flat Rate Value				
Assessments & Brand Fees: Included Billed Separately Requested Discount Payment Method: Daily Monthly				
DISCOUNT FEES: Visa, MasterCard, Discover, Pin Debit				
DISCOUNT FEES: Visa, MasterCard, Discover, Pin Debit All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.				
Qualified Discount = Mid Qual = Qual + Non Qual = Qual + Pass Through IC = ERR = Flat Rate = Pin Debit =				
Debit Qual Discount + Debit Mid Qual = Qual + Debit Pass Through IC = Debit ERR = Debit Flat Rate = Passthrough +				
American Express Opt Blue Or AMEX Direct				
Opt Blue Discount Plan: Tiered Basic PassThrough IC ERR Flat Rate AMEX Direct:				
Credit Qual% Per Item \$% Per Item \$ Credit Non-Qual% Per Item \$ Pass Through IC% Per Item \$ Existing SE #				
Authorization, Monthly & Miscellaneous Fees				
Authorization Fees: Miscellaneous Fees: MX Merchant Fees:				
Monthly Service \$ 45.00 Chargeback \$ 25 (Per Occurrence)				
Amery/Elect/Other Monthly Minimum \$ 45.00 Retrieval Fee \$ 10 (Per Occurrence) MX Category Transaction Fee \$				
Arriex/Fiee/Other \$ Wireless Fee \$ ACH Reject Fee \$25.00 (Per Occurrence)				
Pin Debit \$ Pin Debit Monthly \$ Annual Fee \$ 95 Month to bill NOV Plan Type:				
EBT \$ Industry Compliance \$ Sales Transaction Fee MX4: Reporting Basic Plus Electronic AVS \$ 0.05 \$ 0.05 Base Repairing Developer				
Voice Auth \$ 1.00 Industry Non-Compliance up to \$24.95 (if Card Types – Per Item)				
Voice AVS \$ 3.00 applicable per Section 4.8 of the Merchant Program Guide) X All Card Types – Per Item) MX6: Base Invoicing Retail				
In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a \$ 295.00 Early Termination Fee in accordance with Part IV, Section A.3 of the Merchant Program Guide.				
Priority Payment Systems is a registered ISO of Wells Fargo Bank, N.A., Walnut Creek, CA PPS1709 Initial				

PPS1709(ia)

INFORMATION:

PART I: CONFIRMATION PAGE

PROCESSOR Name: Priority Payment Systems

Address: P.O. Box 246, Alpharetta, GA 30009-0246

URL: www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf Customer Service #: 1-800-935-5961

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you. From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- 1. Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
- **2. We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- **3. There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
- **4. If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
- **5. The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 21, 28.7, 31.3, and 33.10 of the Card General Terms.
- **6. We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies

II. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the Agreement.
- c) The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Print Client's Business Legal Name:

otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), under certain circumstances.

- **7.** By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
- **8. The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information".
- **9.** If you lease equipment from Processor, it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.
- 10. For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-800-935-5961, and/ or refer to Important Phone Numbers on the Additional Important Information Page, Part IV, Section A.5.

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization Rules and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: http://usa.visa.com/merchants/operations/op_regulations.html
- g) You may download "MasterCard Regulations" from MasterCard's website at: http://www.mastercard.com/us/merchant/support/rules.html

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the Merchant Processing Application, Program Terms and Conditions [version PPS1709(ia)] consisting of 42 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X

Title

Date

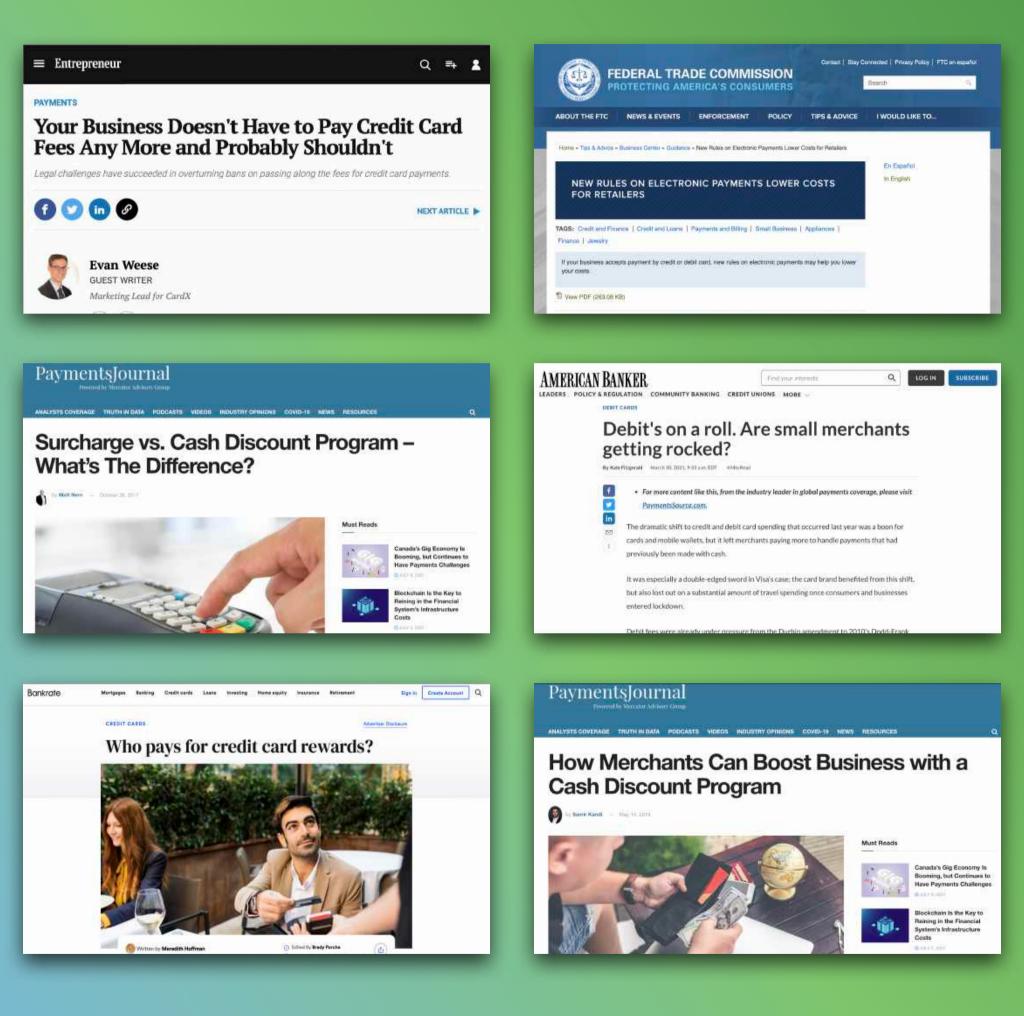
Please Print Name of Signer

7. Equipment?				
Terminal or Software Type and Quantity: Type	Name			
	ss Connection? Yes	No Serial	Sim	
Additional Special Instructions:				
Do you use any third party to store, process, or transmit card data? Yes No				
LEASE? Lease Company; First Data Global Leasing Lease Term:mos Annual Tax Handling Fee \$10.20 This is a NON-CANCELLABLE LEASE for the full term indicated. Total Monthly Lease Charge \$ w/o taxes, late fees, or other charges that may apply – See Lease Agreement for details				
CLIENT INITIALS				
8. SITE INSPECTION (Completed by Sales Agent) Page 2 of 2				
I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.				
Sales Agent Name: (printed)	Signature X			
9. Annotation				
10 SIGNATURES				
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 (Version PPS1709) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10) 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 4 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 appearing in the Third Party Section of the Program Guide, if seleted, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and unternation form and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information form any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal c				
Client's Business Principal / Officer:				
Signature XTit	le S	ignature X	Title	
Print Name of Signer Da			Date	
Personal Guarantee The undersigned guarantees to PRIORITY and BANK the performance of the Agreement, and First Data Lease if applicable, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with the enforcement of the terms thereof. PRIORITY and BANK shall not be required to first proceed against the Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of PRIORITY or BANK. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.				
Personal Guarantee Signature X	Title	Print Name of Signer	Date	
Personal Guarantee Signature X	Title	Print Name of Signer	Date	
Accepted By Priority Payment Systems, LLC Wells Fargo Bank, NA (a member of Visa USA, Inc and MasterCard International, Inc)				
P.O. BOX 246, Alpharetta, GA 30009-0246	1200 Montego Way, Walnut Creek, CA 94598			
Signature X	Signature X			
TitleDate	Title	Date		

PPS1709

PPS1709 _____ Initial

RESEARCH



7602 University Ave • Lubbock, TX 79423 (806) 698-0625 • wholesalepayments.com