D /	T E :10 - 30 - 2012 A W B #	· AVIDZ 1303 IZ			· · <u>I</u>	CION C	Simpson_			<u> 1102 </u>		
1	MERCHANT INFORMATION N E W	MERCHA	N T A P P	LICAT	OION	1 –	CLE	AR AND	SIMPL	Е		
LEGAL/CORPORATE NAME:  DBA NAME (IF DIFFERENT THAN ABOVE): FRED HOEHN MINISTRIES						DBA PHONE #: 915 248 6307						
						DBA PHONE #: 915 246 6307						
	DBA Address 1 (No PO Box): 613 S 19th Street Apt 10					CUSTOMER SERVICE PHONE #: 915 248 6307						
	DDRESS 2:	N.E.	1			PREVIOUS PROCESSOR:						
	Omaha	STATE: NE	ZIP CODE: 68	3102 -		YEAR ESTABLISHED: 2012						
EMAIL A	Address: fredhoehn@mail.com					LENG	TH OF CURRE	NT OWNERSHIP:	YEARS, 5	MONTHS		
2	MAILING/CORPORATE ADDRESS (IF D	IFFERENT THAN ABOVE)										
	MAILING CONTACT:					MAILI	NG PHONE #:					
MAILING	ADDRESS:			1				1				
CITY:				ZIP	ZIP CODE: MAILING FAX #:							
3	PRINCIPAL 1 INFORMATION (OWNER)	-										
	OWNER/PARTNER: PERCENTAGE OF OV	VNERSHIP <u>U</u> % (	OR OFFICER:	TITLE	_							
FIRST N	NAME: Frederick	MI:				LAST	N <sub>АМЕ</sub> : Ное	hn				
HOME A	ADDRESS:	1	1			DOB	:					
CITY:		STATE:	ZIP CODE: -			Номе	PHONE #:					
	US ADDRESS IF CURRENT ADDRESS IS LESS	THAN 2 YEARS	T 0					0	7-0			
	Address:  R Merchant Information		CITY:					STATE:	ZIP CODE: -			
OTHE	R WERCHANT INFORMATION	AVERAGE SALE AMOU	INIT: \$ 70.00		TOTAL	MONT	HIV\/sa/M	C/LINIONIPAY/DISC S	ALES: \$ 100(	) 00		
CARD F	PRESENT (SWIPED) 0 %			OFFERED:		. MONTHLY VISA/MC/UNIONPAY/DISC SALES: \$ 1000.00  Sales MCC: 5942						
CARD PRESENT (NOT SWIPED)  20  WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?								WOO. 334.				
MAIL ORDER U SAME DAY ☐ IF NOT SAME DAY, # OF DAYS (INCLUDE SHIPPING TIME FRAME)												
INTERN	ONE ORDER 70	IS ANY PRODUCT DELI		? 🔲 YES	<b>▼</b> No							
TOTAL		FOR INTERNET TRANS PRODUCT WEB SITE:	SACTIONS:									
		"CONTACT US" EMAIL:						_				
	IG INFORMATION		5.8 P== 0==		FEES							
PLEASE CHECK EACH CARD YOU WISH TO ACCEPT. DISCOVER OF ALL VISA/MASTERCARD/UNIONPAY/DISCOVER OF ALL VISA/MASTERCARD/UNI		Mastercard UnionPay VIS		PER OCCURRENCE FEE TYPE:  CHARGEBACK FEE		\$	25.00	ONE TIME FEE TYPE:  OUT APPLICATION FEE		\$		
🗷 VISA CREDIT 🔳 VISA DEBIT 🔲 UNIONPAY		DISCOVER (JCB, DI)		RETURN ITEM (NSF) FEE		\$	20.00	Installation/Training \$		_ ·		
■ MASTERCARD CREDIT ■ MASTERCARD  □ PIN DEBIT		DEBIT		VOICE AUTHORIZATIONS:			R AUTH	MONTHLY FEE TYPE:		Ψ		
	RATE	PER ITEM	ARU (TO	DUCHTONE)		\$	0.65	MONTHLY FEE		<b>\$</b> 10.00		
CARD S	SWIPED 2.75%	\$ 0.29	OPERATOR ASSISTED			\$	0.90	SUPPORT FEE \$		\$		
KEY ENTERED 3.5 %		<b>\$</b> 0.29	AVS			\$	0.90	ELECTRONIC STATEMENT OR PAPER STATEMENT				
(RATES A	IRE FOR ALL CARD TYPES SELECTED ABOVE)	BANK REFERRAL				\$	4.00	STATEMENT MAILING		•		
AMED	CAN EXPRESS							(FOR PAPER STATE	MENTS ONLY)	\$		
		HLY VOLUME: \$ 10	00.00 Аме	DATE:	2.50	0/	<b>¢</b> 0 00	CARD NOT PRE	SENT DOWNGR	ADE: 0.20 0/		
				X RATE:	3.50	70	\$ <u>0.00</u>		AIN INDUSTRY TYPE			
	OF SALE (EQUIPMENT OR SOFTWARE ERVICE PROVIDER (HOSTED):	VAR VENDOR (DISTR						GATEWAY (OPTIONA	ı)·			
VAICO	ERVICE I ROVIDER (HOSTED).	VAR PRODUCT:	VAR V	VAR VERSION:			AGGREGATOR:					
	405 on I 5405	Purchase			LEASE* TERM MONTHLY RATE			SOFTWARE/WIRELESS WIRELESS SETUP MONTHLY FEE PER				
Purch	ASE OR LEASE			TER	M		HLY RATE			ONTHLY FEE PER		
PURCH	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	Mont			R UNIT	PER UNIT	IUP IV	Unit		
		ITEM CODE VRMCH	_		HLY				\$			
QTY	POS DESCRIPTION		PER UNIT \$ 0.00 \$		HLY (	PE \$ \$		PER UNIT  \$ \$	\$ \$			
QTY 1	POS DESCRIPTION  VIRTUAL MERCHANT		PER UNIT <b>\$</b> 0.00		HLY (	PE		PER UNIT  \$ \$ \$	\$ \$ \$	Unit		
QTY 1 MERCH	POS DESCRIPTION  VIRTUAL MERCHANT  ANT OWNS	VRMCH	PER UNIT \$ 0.00 \$ REPROGRAM	MONT	HLY (	\$ \$ \$	R UNIT	PER UNIT  \$ \$ \$ WIRELESS SET	\$ \$ \$ FTWARE/WIRELI	UNIT  ESS  ONTHLY FEE PER		
QTY 1	POS DESCRIPTION  VIRTUAL MERCHANT		PER UNIT \$ 0.00 \$ REPROGRAM FEE PER UNIT	MONT	HLY	\$ \$ \$ PAD EN		PER UNIT  \$ \$  Wireless Set PER Unit	\$ \$ FTWARE/WIRELI	UNIT		
QTY 1 MERCH	POS DESCRIPTION  VIRTUAL MERCHANT  ANT OWNS	VRMCH	PER UNIT \$ 0.00 \$ \$ REPROGRAM FEE PER UNIT	MONT	HLY	PE \$ \$ \$ PAD EN	R UNIT	PER UNIT  \$ \$  WIRELESS SET PER UNIT  \$	\$ \$ \$ FTWARE/WIRELI	UNIT  ESS  ONTHLY FEE PER		
QTY 1 MERCH QTY	POS DESCRIPTION  VIRTUAL MERCHANT  ANT OWNS	VRMCH	PER UNIT \$ 0.00 \$ REPROGRAM FEE PER UNIT	MONT	HLY	\$ \$ \$ PAD EN	R UNIT	PER UNIT  \$ \$  Wireless Set PER Unit	\$ \$ FTWARE/WIRELI	UNIT  ESS  ONTHLY FEE PER		
QTY 1 MERCH QTY	POS DESCRIPTION  VIRTUAL MERCHANT  ANT OWNS  POS DESCRIPTION	VRMCH	PER UNIT \$ 0.00 \$ \$ REPROGRAM FEE PER UNIT \$ PRICE PER UNIT	TERM	HLY	PE \$ \$ \$ PAD EN	IR UNIT	PER UNIT  \$ \$  WIRELESS SET PER UNIT  \$	\$ \$ \$ FTWARE/WIRELITY  N \$ \$ \$	UNIT  ESS  ONTHLY FEE PER		
QTY 1 MERCH QTY EXCHAI	POS DESCRIPTION  VIRTUAL MERCHANT  ANT OWNS  POS DESCRIPTION  NGE/SPECIAL PROGRAMS	VRMCH  ITEM CODE	PER UNIT \$ 0.00 \$ \$ REPROGRAM FEE PER UNIT \$ PRICE PER UNIT	TERM	HLY	PE \$ \$ \$ PAD EN	IR UNIT	PER UNIT \$ \$ \$ SOI WIRELESS SET PER UNIT \$ \$ ENT BACK FROM MERC	\$ \$ \$ FTWARE/WIRELITY  N \$ \$ \$	UNIT  ESS  ONTHLY FEE PER  UNIT		

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)							
DEPOSIT BANK NAME: ABA/ROUTI			:		DDA Account #:		
BILLING BANK NAME (IF DIFFERENT):	ABA/Routing#	:		DDA ACCOUNT #:	r#:		
POINT OF SALE (EQUIPMENT OR SOFTW	/ARE) LEASE						
4 X THE LEASE IS A NON CANCELLABL	_E LEASE FOR THE	FULL TERM OF	MOS. TOTA	L MONTHLY PAYI	MENT OF \$	PLUS TAXES, IF APPLICABLE.	
AL Merchant hereby authorizes Elavon, through its Ladco Leas owed in accordance with the lease, as applicable, by initiatin time to time. A lease payment (whether paid by debit or other remain in effect until Lessor has received written notice from	sing division ("Lessor") ng debit entries to Mer er means) that is not h	, to automatically with rchant's account at the nonored by Bank for ar	financial institution ("Ba	y lease payment and ink") indicated hereor	any amounts, includin n or such other financi	al institution used by Merchant from	
BANK NAME:		ABA/ROUTING #:			DDA ACCOUNT #:		
SUBSTITUTE FORM W-9  ■ SOLE PROPRIETOR □ PUBLIC CORP □ CLC □ LIMITED PARTNERSHIP □ TAX EXEMPT ORGANIZAT □ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION	TION (INCLUDE DOCUM	MENTS THAT SUPPOR	T EXEMPT STATUS)	OTHER (ASSN/ES		Cor P)	
Name*:	-						
*Name (of business) as shown on your business in	ICOME TAX RETURNS	. For Sole Proprie	ETORS, THIS SHOULD AL	WAYS BE THE OWN	ER'S NAME.		
Address:				(EMPLOYER ID #):			
CITY: STATE:	Z	IP CODE:	OR TIN	(SOCIAL SECURITY	#):	<del>-</del>	
MERCHANT REPRESENTATIONS AND CE Merchant Representations and Certifications. By s	RTIFICATIONS					<u> </u>	
("Merchant") and its representative(s) represent an offices at 7300 Chapman Highway, Knoxville, TN 3. Association ("Member"), with offices at U. S. Bancorp Cente (collectively, "we" or "us") that (i) all information provided in Application") is true and complete and properly reflects the principal partners, owners, or officers of Merchant; and (ii) it Application are duly authorized to bind Merchant to all provi the Agreement. Further, by signing below, if leasing equipm agree that the Leased Equipment is subject to the terms an Service ("TOS") and have had an opportunity to review such representative of Merchant on the Merchant Application, or or other evidence of a Transaction to us, shall be the Merch the terms and conditions contained in the Agreement includ Application, the TOS and the Merchant Operating Guide ("Neference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG and https://www.merchantconnect.com/CWRWeb/pdf/MOG not have access to view the TOS or MOG at our website ple Notwithstanding any such non-receipt of the TOS or MOG, Agreement, and all applicable laws, rules, and regulations in Payment Networks, and understands that failure to comply services. Capitalized terms shall, unless otherwise defined is same meaning ascribed to them in the TOS and MOG. IMPORTANT INFORMATION ABOUT PROCEDURES FOF the government fight the funding of terrorism and money lat all financial institutions to obtain, verify, and record information a identify you. Merchant and its representative(s) authorize u Application and from time to time thereafter, to investigate the background of Merchant, each such representative and any and/or owners of Merchant, and to obtain credit reports or o each of them that we consider necessary to review the acce Application. Merchant also authorizes any person or credit ranswer those credit inquiries and to furnish that information This Merchant Application may be signed in one or more coan original and all of which, taken together, shall constitute Delivery o	87920, and U. S. Bank  er, 800 Nicollet, Minner  this merchant applicate  business, financial con  he persons signing this  sions of this Merchant  ent, Merchant and its  d conditions set forth in  herms. The signature  the transmission of a  lant's acceptance of ar  ling, without limitation,  MOG") incorporated he  3.pdf  _Eng.pdf, respectively  ease contact our custor  Merchant agrees to co- ncluding the rules and  will result in terminatio  in this Merchant Applicate  R OPENING A NEW A  undering activities, Fec- ion that identifies each  and identifying docume  is prior to our acceptar  he individual and busing  there background invest  espetance and continuation  to  the signal  uniterporting agency to co- to  us.  ununterparts, each of  whone and the same Met- ion may be accomplish  nt Application shall con  uarantee of acceptance  and that merchant will re-	National apolis, MN 55402, ion ("Merchant dition, and s Merchant Application and representative(s) in the Terms of e by an authorized Transaction Receipt and agreement to this Merchant erein by this with the regulations of the most processing cation, have the cCCOUNT. To help deral law requires in person who opens ents to allow us to ince of this Merchant mpile information to inch shall constitute rechant Application, had by a facsimile institute a signed and receive a more required to the control of this Merchant in the control of the	volume) to validate PC than ninety (90) days a fl leasing equipment. N \$50.00 for the adminis Equipment. Under penalties of pe 1. The number show number (or I am waiti 2. I am not subject to or (b) I have not been withholding as a resume that I am no longe 3. I am a U.S. citizen person if you are: an corporation, compan laws of the United St. in Regulations section American Express Acc authorized to sign and American Express Ocherein is true, complet Services Company, Inverify the information in including by requesting their agent, subcontrat and direct Elavon and above, of reports about information will include to use the reports from I understand that upon Agreement and materior to AXP's standard C speeds of pay). I understand the Agreeme services, or otherwise Agreement.	id DSS compliance of after account approvalence and acceptance of the principle of the acceptance of t	n an annual basis, with all all yill essor an annual acking of certain taxes rtifies that:  Application is my cobe issued to me), and because: (a) I americal Revenue Servicort all interest or divp withholding, and because in the service of the se	exempt from backup withholding, the (IRS) that I am subject to backup idends, or (c) the IRS has notified arposes, you are considered a U.S. resident alien, a partnership, in the United States or under the ate), or a domestic trust (as defined exercise) and the atellation of the at	
SIGNATURE: X	PRINTED NAME:			TITLE:		DATE:	
PERSONAL GUARANTY				<u> </u>			
As a primary inducement to us to accept this Merch the continuing full and faithful performance and pay Equipment, if applicable) pursuant to the Merchant may proceed directly against Guarantor(s) without first exhabe discharged or affected by the death of the Guarantors, wunderstand that the inducement to us to accept this Mercha benefit from the guaranty. The undersigned hereby directs its designees, successors or assigns and agrees that all par	yment by Merchant of Application and Agree austing our remedies a vill bind all heirs, admir ant Application is consi- any consumer reportir	each of its duties and ement, as may be ame against any other personistrators, representati deration for the guarang agency to furnish a	obligations to us (including the defended from time to time, on or entity responsible to ves and assigns and manty and that this guaranty consumer credit report the obligations of the defended in the defend	ng, without limitation with or without notice herefore to them or a by be enforced by or force the mains in full force	<ul> <li>Chargebacks and obe</li> <li>Guarantor(s) unders</li> <li>Security held by us</li> <li>for the benefit of any oe</li> <li>and effect even if the</li> </ul>	ligations in connection with Leased stand further that we or Merchant. This guarantee will not four successors. Guarantor(s) Guarantor(s) receive no additional	
SIGNATURE: X	PRINTED NAME:			SSN#:		DATE:	
		SUBMITTED BY	INTERNAL USE ONLY)				
To the best of my knowledge, I certify that the information p provided by the Merchant's owner(s) or officer(s), as appropriate the control of the control o		ant Application was pro	ovided by the Merchant a	and is true, complete	and accurate. I further	certify that the signatures were	
SALES REP SIGNATURE: X	PRINTED NAME:	Rick Simps	on	REP ID #: 11	02	DATE:	
REP PHONE #:	REP EMAIL:	. tion on ipo		!!			
1000 1000 110	INC. LIVIAIL.	FOR INTERN	AL USE ONLY				
ACCEPTED BY ELAVON, INC.:				DATE:		v. USA-ALL-USBCS-1211	