

Merchant Processing Application and Agreement



Please review the information below and sign if everything looks right. If you have any questions please contact your representative.

SETUP INFORMATION

| | | | |
|-------------------|--------|-----------------------------|-------|
| Sales Code | EA5198 | Application Platform | North |
|-------------------|--------|-----------------------------|-------|

BUSINESS DETAILS

CONTACT INFORMATION

| | | | |
|-------------------|-----------------------|---------------------|----------------|
| First Name | Shelly | Last Name | Haney |
| Email | shaney@ccsd.k12.wy.us | Phone Number | (307) 687-4568 |

BUSINESS INFORMATION

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

| | | | |
|-----------------------------|------------------------------------|--------------------------|--|
| Business Legal Name | Campbell County School District #1 | DBA Name | Campbell County School District #1 |
| Tax Filing Name | Campbell County School District 1 | Tax Filing Method | EIN |
| Tax ID (EIN) | XX-XXX0131 | | |
| Type of Ownership | Government | Industry (MCC) | 8299 - Schools and Educational Srv (Not Else Clssfd) |
| Business Description | School fees | Years in Business | More than 5 years |
| Website | www.ccsd.k12.wy.us | Business Phone | (307) 682-5171 |

BUSINESS ADDRESS

| | | | |
|-------------------------|-------------------|----------------|--------------------------|
| Street Address 1 | 1000 W 8th Street | | |
| City | Gillette | State | Wyoming |
| ZIP | 82716 | Country | United States of America |

BUSINESS LEGAL MAILING ADDRESS

| | | | |
|-------------------------|-------------------|----------------|--------------------------|
| Street Address 1 | 1000 W 8th Street | | |
| City | Gillette | State | Wyoming |
| ZIP | 82716 | Country | United States of America |

OWNER INFORMATION

Please provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business.

BUSINESS OWNER INFORMATION

| | | | | | | | |
|----------------------|------------------------|---------------------------|----------------|-------------------------|-------------------|----------------|--------------------------|
| First Name | Dennis | Last Name | Holmes | Street Address 1 | 1000 W 8th Street | | |
| % Ownership | 0% | Personal Guarantee | | City | Gillette | State | Wyoming |
| Date of Birth | ██████████ | Mobile Phone | (307) 682-5171 | ZIP | 82716 | Country | United States of America |
| Email | dholmes@ccsd.k12.wy.us | | | | | | |

BANKING AND PROCESSING

DEPOSIT AND WITHDRAWAL BANK ACCOUNT

| | | | |
|-----------------------|---------------------------------|-----------------------|--------|
| Bank Name | First National Bank of Gillette | | |
| Account Type | Business Checking | | |
| Routing Number | XXXXX1050 | Account Number | XX4006 |

PROCESSING VOLUME

| | |
|-----------------------------------|-------------------|
| Average Annual Card Volume | \$60000.00 / year |
| Average Transaction Amount | \$500 |

PRODUCT / SERVICE DELIVERY WINDOWS

| | |
|---|----------|
| On average, Products / Services are delivered in | 0-7 Days |
|---|----------|

INTERCHANGE PLUS

Pass Through Interchange — You will be charged the applicable interchange rate from Mastercard, Visa, Discover and American Express as well as the Discount Fees listed below. Interchange Rates are variable and are determined by how your transactions clear, and are subject to change.

| Passthrough Interchange Costs | Gross Interchange |
|-------------------------------|-------------------------------|
| Discount Fees | Credit / Non-PIN Debit |
| Visa Qualified | 0.4% |
| Mastercard Qualified | 0.4% |
| Discover Qualified | 0.4% |
| Amex Qualified | 0.5% |

AUTHORIZATION & TRANSACTION FEES

| | |
|--|---------------|
| Authorization Fees (All Card Types) | \$0.15 / Each |
| ACH Batch Fee | \$0.15 / Each |
| Voice Authorization Fee | \$2.00 / Each |
| Address Verification Fee (AVS) | \$0.05 / Each |

**Transaction Fees (All Card Types) and Gateway Transaction Fee will be added together and billed on your merchant statement as "Trans Fee".

CARDPOINTE AND GATEWAY FEES

| | |
|--|-------------------|
| CardPointe Monthly Platform Fee | \$15.00 / Monthly |
|--|-------------------|

**Gateway Transaction Fee and Transaction Fees (All Card Types) will be added together and billed on your merchant statement as "Trans Fee".

MONTHLY AND MISCELLANEOUS FEES

| | | | |
|-------------------------------|-------------------|-------------------------------|-------------------|
| Minimum Processing Fee | \$25.00 / Monthly | Annual Membership Fee | \$0.00 / Annual |
| DDA Rejects | \$25.00 / Each | Regulatory Product Fee | \$0.00 / Monthly |
| Statement Fee | \$0.00 / Monthly | PCI Non-Compliance Fee | \$29.95 / Monthly |
| Chargeback Fee | \$25.00 / Each | PCI Annual Fee | \$0.00 / Annual |
| Retrieval Fee | \$15.00 / Each | | |

CONFIRMATION

AGREEMENT APPROVAL

Merchant Acceptance – Each person signing below agrees to the terms and conditions stated in the front and back of this agreement and certifies that all information provided in the application is true, correct and complete. 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 Agreement 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 by 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. Each signer authorizes CardConnect LLC and/or the Member Bank or any agent of the Member Bank, to make whatever inquiries CardConnect LLC and/or the Member Bank deem appropriate to investigate, verify, or research references, statements or data, including personal credit reports for the purpose of this application. Merchant understands this agreement shall not take effect until Merchant has been approved by CardConnect LLC and/or the Member Bank and a merchant number is issued.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

SIGN YOUR AGREEMENT

Signature _____
Date _____

CARDCONNECT LLC

Application Approved By:
Signature _____
Title _____ Date 2021-11-15

WELLS FARGO BANK N.A. (A MEMBER OF VISA USA, INC. AND MASTERCARD INTERNATIONAL, INC.)

By: First Data Merchant Services LLC, pursuant to a limited power of attorney

Signature

PROCESSOR INFORMATION

| | |
|---------------------------------|--|
| Name | CardConnect LLC |
| Address | 1000 Continental Drive, Suite 300, King of Prussia PA, 19406 |
| URL | www.cardconnect.com |
| Customer Service (Phone) | 1-877-828-0720 |