RESOLUTION NO. 48-99 CITY OF CENTERVILLE, OHIO

DAY OF September 1999.

A RESOLUTION ACCEPTING THE PROPOSALS SUBMITTED BY HEARTLAND CARD SERVICES TO PROCESS CREDIT CARDS FOR THE CITY OF CENTERVILLE, THE GOLF CLUB AT YANKEE TRACE, AND YANKEE TRACE, AND TO AUTHORIZE THE CITY MANAGER TO ENTER INTO CONTRACTS IN CONNECTION THEREWITH.

WHEREAS, the City of Centerville requested proposals for credit card services for the City of Centerville, for The Golf Club at Yankee Trace, and Yankee Trace, and

WHEREAS, Heartland Card Services submitted the best proposal for the processing of credit card transactions at the Municipal Building, The Golf Club at Yankee Trace, and for Yankee Trace food service.

NOW, THEREFORE, THE MUNICIPALITY OF CENTERVILLE HEREBY RESOLVES:

Section 1. That the proposal submitted by Heartland Card Services, marked as exhibit "A" and attached hereto for the processing of credit card transactions for the City of Centerville municipal services be and is hereby accepted. The City Manager is hereby authorized and directed to enter into an agreement with Heartland Card Services and to cause payment pursuant thereto.

Section 2. That the proposal submitted by Heartland Card Services, marked as exhibit "B" and attached hereto for the processing of credit card transactions for The Golf Club at Yankee Trace be and is hereby accepted. The City Manager is hereby authorized and directed to enter into an agreement with Heartland Card Services and to cause payment pursuant thereto.

Section 3. That the proposal submitted by Heartland Card Services, marked as exhibit "C" and attached hereto for the processing of credit card transactions for Yankee Trace be and is hereby accepted. The City Manager is hereby authorized and directed to enter into an agreement with Heartland Card Services and to cause payment pursuant thereto.

Section 4. That this Resolution become effective immediately upon passage.

PASSED this 20th day of September, 1999.

Mayor of the City of Centerville, Ohio

ATTEST:

Clerk of Council, City of Centerville, Ohio

CERTIFICATE

The undersigned, Clerk of the Council of the City of Centerville, Ohio hereby certifies that the foregoing is a true and correct copy of Resolution Number 48-99, passed by the Council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the council of the City of Centerville, Ohio on the 20 th day of 3 to the City of Centerville, Ohio on the 20 th day of

Clerk of Council

Approved as to form, consistency with the Charter and Constitutional Provisions.

Department of Law Robert N. Farquhar Municipal Attorney



200 South Hanley, Suite 300 St. Louis, MO 63105 1-888-963-3600

MERCHANT	BANKCARD	APPLICATION

ISO/AGENT NAME	BI	0607	
	1	0	

PHONE (937) 434-7005

BUSINESS NAM	E(S)			100																			178	
Legal/Corporate Name					,				Statement Mailing Address (if different from location address)															
CITY OF (0	UTE	RI	/1//	0				100 W Spring STVAlley Rd															
DBA (Doing Business A	s) Na	me		-11	_				City, State, Zip							<u></u>	-							
	,								Ce.			2ν	///	6	0	74	4	45	411	7	•			
Location/Site Address									Federa	Tax	IDI	Vum		<u>~</u>	·_									
City, State, Zip	110	0	11		-				Phone O27			7/	51	در	0	Fa	(Nu	mb	er					
MERCHANT PR	ole was to be	-	7	No.	-Natio	- NA	Tak.	建设工程 管	42/) /	20	//.	<u>ار</u>		500		768			(var)		090		No. of
Type of Ownership	OFF	מופ	ental			W. Andrews	Senio	Date	Busine	ss S	tarted		Daite	. Ac	anir	red b	v Cu	тте	nt O	wne	r	eria.		45
		11				п.,	_														•			
Sole Proprietorship				-	on	□ L.L	С	If nev	busines Has th	-				_		-		-		-				
Do you currently accept Yes \(\square\) No (If yes, at					temen	ts)			Termin									•			Ye	s	Pи	o
VISA/MASTERC	ARI	INI (OR	MA	ГΙО	N										N.								
PRODUC	TTY	PE			T			SALES	METH	OD				T	10-000		PRO	CE	SSIN	G M	D i V	HOD		
☐ Automotive	□G	госегу			O	Premis	e Fac	e to Face S	ales		T		%	Sv	viped	with	Imp	inte	d/Re	ceipt		T		%
☐ Clothing		otel/Mo	tel		O	f Premi	se Fac	e to Face S	Sales			- 1/2	%						%					
Direct Marketing	□R	estaurar	ıt		М	ail Orde	r Sale	:s					%							97				
☐ Furniture	☐ Je	welry			In	ternet Sa	ales						%						95					
☐ Appliance	Ос	omputer			In	bound T	eleph	one Order	Sales				%						100 %					
☐ Liquor Outlet	□н	ardware	/Lumt	er				hone Orde		7			%											
Other								TOTAL																
FUTURE DELIVE shipped after payme What Percentage of you % of Orders delivered	ent, a ır Ban	nd se	rvice Volur	s pro	ovide Futur	d afte Deliv	er pa	yment:	includ	ing 1	nem	bers	ship:	s an	d sı	ubso	ript	ior	ıs.					
Annual Bankcard Volume	Aver	age Tic	ket A	mount	% 0	of Retu	ms	% of Cha	rgeback		Sea	sonal	MER	СНА	NT		Тур	ео	f Go	ods	or	Serv	ices	Sold
\$	\$				%			%		Ţ	If yes, F M	, circl		ed m	onths									
AMEX#	1	1 1	ī	1 1	1	ı		DISCOV	/ER#	1	1		1 1		1	ا	1	1]	1			ı	1
DINERS#	1	1 1	1	1 1	1				ICB#	1	1	ı	1 1	1	1	1	1	-1	ı	1		1		
OWNERS OR O	aric	ERS						· · · · · · · · · · · · · · · · · · ·															10	
Name (Print)	O Police in			Title		_			Re	sidenc	e Addr	ess		-						City, S	itate	, Zip		222
1																						•		
Social Security Number	983			Hon	e Phon	e Numbe	r		%	Equity	Owner	rship				Length at Address								
Name (Print)				Title					Residence Address				City, State, Zip											
2 Social Security Number		Home Phone Number					% Equity Ownership				Length at Address													

MERCHANT SITE SURVEY R	EPORT (TO BE COMPL	ETED BY SALES REPRESENTATIVE)	
	☐ Mobile ☐ Separate Build	ding Residence Other	99 🗆 2,000-4,999 🛣 5,00
Does the amount of inventory and merchan	idise on shelves and floor app	pear consistent with the type of business?	120
If the Merchant: Owns the business who hol	lds the mortgage? es who does merchant lease from?	(Name and Telephone	Number)
Overall Comments by Inspector		ji.	
knowledge and belief.		who provided the attached merchant at this Address and the information stated above	Site Inspection. is correct to the best of my
Inspected By (Print Name) Jim Bi	NY AMON Signatur	Im Bing amon	
DEBIT / CREDIT AUTHORIZA			
MERCHANT hereby authorizes HEARTLAND BANK, HCS. HEARTL a visided check. The authority is to termain in full furce until (a) HEAF HEARTLAND BANK, HCS. HEARTLAND CARD SERVICES, L.L.C.	AND CARD SERVICES, L.L.C. to debit and co RTLAND BANK, HCS, HEARTLAND CARD : reasonable opportunity to act on it; and (b) all c	edit MERCHANT'S checking account in accordance with this Merchant ProcessERVICES, L.L.C. has received written notification from MERCHANT of it white processes that the second state of the processes of MERCHANT to HEARTLAND BANK, HCS that have arisen to the second seco	essing Agreement, show the attached cop- its termination in such a manner as to all under this Agreement have been paid in fu
DEPOSITORY BANK FITH THIRD	BANK PHONE#	OF BANK 937-438-1296 CITY/STAT	ECENTERVILLEC
Transit Router/ABA Number		Account Number	
	ATTACH VO	IDED CHECK	
SCHEDULE OF CHARGES			
CHECK THE BOX FOR DISCOU		CHECK THE BOX FOR EACH REQUESTED SERVICE	TRANSACTION FEE
MASTERCARD 1.75/	6% O Cents	☐ DISCOVER AND JCB	Cent
SVISA 1.15/	0% Cents	☐ DEBIT TRANSACTION FEE*	Cent
DINERS/CARTE BLANCHE	% Cents	☐ ETC SCAN	Cents
☐ AMERICAN EXPRESS	Cents	SUPPLIES PROVIDED	.02 Cents
MINIMUM MONTHLY STATEMENT FEE	ANNUAL FEE Surcharge I	RD/VISA RATE BUYDOWN DAYS *Debi Level - Mid Qualified % Non-Qualified CATION LEVEL RETAIL MOTO G	
CORPORATE CERTIFICATIO	ON/INVESTIGATIVE	CONSUMER REPORT	
I certify that I am the CITY OF CENTER VI force and effect authorizing me and any of the following person(s) to ex I further certify that HEARTLAND BANK, HCS and HEARTLAND C		of name appears on the MERCHANT Application. I certify that the corporation on behalf of the corporation and to act on behalf of the corporation in all matter actions until both receive written notice of any change and I further certify	on has duly adopted a resolution that is sti ters relating to the MERCHANT Agreem y that the (offlowing are the name(s), gen
employed by HEARTLAND BANK, HCS or any agents of HEARTLAN	ankeard Application. Applicant(s) authorizes HE ND BANK,HCS to investigate the references give	EARTLAND BANK,HCS and HEARTLAND CARD SERVICES, L.L.C. or an en or any other statements or data obtained from MERCHANT, or any of the s	sy credit hureau or any credit reporting age indersigned principals, for the purpose of
Bankcard Application. The parties hereto agree to abide by the Terms & Conditions conta	lined in the MERCHANT Processing Agreem	nent	
OWNER/OFFICER SIGNATURE #1	PRINT NA	ME&TITLE DA	TE
OWNER/OFFICER SIGNATURE #2	PRINT NA	ME&TITLE CITY MANAGER DA	TE
NAME	WITNESS/	SIGNATURE DA	TE
PERSONAL GUARANTY		•	***
SERVICES, L.L.C. and their successors and assigns the full and prompt	AND CARD SERVICES, L.L.C.", the undersigned to payment when due of all phligations of every k	SSING AGREEMENT (The "Agreement") by and hetween	ment of agreement executed and delivere
PERSONAL GUARANTOR	DATE	SPOUSE (if applicable)	DATE
PERSONAL GUARANTOR	DATE		DATE
FOR BANK USE ONLY			
Application Approved By			

Signature

Title

Date



200 South Hanley, Suite 300 St. Louis, MO 63105 1-888-963-3600

MERCHANT BANKCARD A	
ISO/AGENT NAME JBI	0607
EMPLOYEE REP. NAME VIM	BINGAMON
PHONE 937 848-67	46

1-000-903-3000						
BUSINESS NA	ME(S)					
Legal/Corporate Name	e		Statement Ma	ailing Addres	ss (if different from location a	ddress)
CITY	AE CON	TOOVILL.		(1) <	PRINGVALLY	RI
DBA (Doing Business	As) Name	CRVIII	City, State, Zi	ip	PININGVAIRY	ЦО
The Gol	OF CON SAS) Name H C/UB AT	LANKAD TORK	re Cen	TERV	110 OH 454	458
Location/Site Address	-	merica. 1-V.	Federal Tax I		1112 - 211 - 12	
10000 VA	whee ST		31-	60010	36	
City, State, Zip		2	Phone Number	er	Fax Number	
CENTERI	11/1e OH 454	158	<u>(737)435</u>	- 7/5/	(_) -	
MERCHANT P	ROFILE		*			
Type of Ownership			Date Business Star		Acquired by Current Owner	
D (7	D	1-95		1-1-95 of previous business experience.	
	Partnership Corporation	on DL.L.C				
Do you currently acce		amente\			Associated Principal been stercard Merchant?	van Arria
	attach 3 previous processor stat		Terminated as	S a VISAVIVIA	stercard Merchant?	Yes No
VISA/MASTER	RCARD INFORMAT	TION		di.		
PROD	UCT TYPE		SALES METHOD		PROCESSING MET	THOD
Automotive	Grocery	On Premise Face to	Face Sales	100%	Swiped with Imprinted/Receipt	100
Clothing	☐ Hotel/Motel	Off Premise Face t	o Face Sales	%	Swiped without Imprinted/Receipt	i l
☐ Direct Marketing	Restaurant	Mail Order Sales		%	Keyed with Imprinted/Receipt	
☐ Furniture	☐ Jewelry	Internet Sales		%	Keyed without Imprinted/Receipt	
☐ Appliance	Computer	Inbound Telephone	Order Sales	%	TOTAL	100
☐ Liquor Outlet	☐ Hardware/Lumber	Outbound Telepho	ne Order Sales	%		
Other GOIF	· Shop+Cours	₹т	OTAL	100 %		
FUTURE DELIV	ERY—includes advan	ce reservations	denosits denosits	accented	for ordered merchandise,	merchandi
100 TO THE RESERVE TO	ment, and services pro					
			OK.		o con exception and general series are only and a series of the series o	
(T) (A)	your Bankcard Volume is F	0.75 O.75	%	_		
% of Orders delivere	ed within 0-7 Days	% + 8-14 Days	% + 15-30 Days	s% +	30-60 Days% + 60 Da	ys%
Annual Bankcard Volum	ne Average Ticket Amount	% of Returns %	of Chargebacks	Seasonal MERO		r Services So
\$	\$	% %	If.	YES Syes, circle close		EQUIPM
J	5	70 70		MAMJJA		Fees
AMEX # 3 3 4	4/19/010/2191	81 I D	SCOVER#610	11/101	1,75,4,2,40,9	10191
DINERS#	111111	ĺ	JCB#			
OWNERS OR O	OFFICERS			S PERMITTE	要社会基本的 医	
Name (Print)	Title	Control of the State of the Sta	Residence A	Address	City, Sta	ite, Zip
1						
Social Security Number	Home	Phone Number	% Equity O	wnership	Length a	at Address
, Name (Print)	Title		Residence A	Address	City, Sta	ıte, Zip
. 2					<u> </u>	
Social Security Number	Hom	Phone Number	% Equity O	wnership	Length a	at Address

MERCHANT SITE SUI	RVEY REPO	RT (TO	BE COMPLE	TED BY SA	LES REPRESE	NTATIVE)		
Merchant Location Shopping Center Commercial Industri	Building		Separate Build	ing 🗆 Res	idence 🔲 O Square Footage 🗀	o-499	2,000-4,999	5,00
Does the amount of inventory an	d merchandise o	n shelves	and floor app	ear consistent	with the type o	f business?		
If the Merchant: Owns the busin	ness who holds the r iness premises who			D OUT	RIGHT IN	ame and Telephone Numb	er)	
Overall Comments by Inspector						2000 Maria	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
I hereby verify that (check one) I have physical I have contract I was not reason knowledge and be	lly inspected the bus ted withnably able to compl	25		erchant at this A	who pr ddress and the info	ovided the attached Site	Inspection.	of my
Inspected By (Print Name)	n Bw	94 M	Signature	tem là	Zene	Date		
DEBIT / CREDIT AUT								
MERCHANT hereby authorizes HEARTLAND BANK a voided check. The authority is to remain in full forc HEARTLAND BANK.HCS, HEARTLAND CARD SI	LHCS, HEARTLAND CA te until (a) HEARTLAND ERVICES, L.L.C. reasonal	RD SERVICES. BANK,HCS, H le opportunity to	act on it; and (b) all of	oligations of MERCHA	cking account in accordant received written mutificati NT to HEARTLAND BA	one with this Merchant Processing A ion from MERCHANT of its terms NK,HCS that have arisen under the	igreement, show the at ination in such a manr is Agreement have bee	tuched copy ter as to aff on paid in fu
DEPOSITORY BANK Transit Router/ABA	Jumbar	1	PHONE # 0	OF BANK	Account N	CITY/STATE	V2	
]
		AT.	TACH VOI	DED CHE	CK			
SCHEDULE OF CHAR	GES					新了发热。 特别		
CHECK THE BOX FOR EACH REQUESTED SERVICE	DISCOUNT RATE,	25/02/09/2005	SACTION FEE	E	CHECK THE B		TRANSAC FEE	
MASTERCARD	1.75/0%	0	Cents	DISCOVE		414	6	Cents
☐ DINERS/CARTE BLANCHE	1.75/0 %	0	Cents Cents	☐ ETC SCA	RANSACTION FE	E*		Cents
AMERICAN EXPRESS	70	6	Cents		S PROVIDED		Į.	02 Cents
			MASTERCAR	D/VISA RATE E	UYDOWN	DAYS *Debit prog	essing agreemen	t require
MINIMUM MONTHLY STATEMENT		AL FEE		evel - Mid Qua		Non-Qualified ∠ MOTO □ GROCI		IDARD
CORPORATE CERTIF	ICATION / I	NVEST	IGATIVE	CONSUM	ER REPOR	T		
Terrify that I am the	ig person(s) to execute the HEARTLAND CARD SEI	MERCHANT P	nwessing Agreement m	n behalf of the corporat	tion and to act on behalf o	I certify that the corporation has di f the corporation in all matters rela change and I further certify that th	ting to the MERCHAN	NT Agreem
An investigative or Consumer Report may be made in complayed by HEARTLAND BANK, HCS or any agent Bankcard Application.	s of HEARTLAND BANK	HCS to investig	ate the references giver	or any other statement	S and HEARTLAND CAR as or data obtained from M	D SERVICES, L.L.C. or any credit ERCHANT, or any of the undersig	bureau or any credit re ned principals, for the	porting age purpose of
The parties hereto agree to abide by the Terms & COWNER/OFFICER SIGNATURE #1	onditions contained in th	e MERCHANT	PRINT NAM			DATE		
		•				1000 Television (1000 T		
OWNER/OFFICER SIGNATURE #2			PRINT NAM	IE & TITLE		DATE		
NAME PERSONAL GUARAN'	ГҮ		WITNESS/S	IGNATURE		DATE		
FOR VALUE RECEIVED, and in consideration of the ("MERCHANT") and ("HEARTLAND BANK, HCS") SERVICES, L.L.C. and their successors and assigns the MERCHANT in accordance with the terms of the Agraguaranties.	and "HEARTLAND CAR!	D SERVICES, L	L.C.", the undersigned	wintly and severally if r	nore than one, uncondition	ally guarantee to HEARTLAND B.	ANK HCS and HEART agreement executed as us and conditions gove	TLAND CA nd deliveres eming pers
PERSONAL GUARANTOR	SF-10	DATE	h d h 6.22	SPO	OUSE (if applicable)		DAT	E
PERSONAL GUARANTOR .	.	DATE			2		DAT	TE .
FOR BANK USE ONLY				. 1	*	FI		
Application Approved By		Signature			Title	9 8 8 8	Date	_



200 South Hanley, Suite 300 St. Louis, MO 63105 1-888-963-3600

MERCHANT BANKCARD	
ISO/AGENT NAME JBI	4 1 .
EMPLOYEE REP. NAME JM	BINGAMON
937. 848-6	

EXHIBIT "C"

BUSINESS NAM	E(S)								
Legal/Corporate Name			Statement Ma	iling Addres	ss (if different from location addre	ess)			
Cityof	CENTERV	1/10	100	ω .	SPRINGVALLEY A	2			
DBA (Doing Business A	as) Name	"	City, State, Zi	ם	0				
	ace			RVIlle	06 45458				
Location/Site Address	0-	Federal Tax II	D Number						
10 000	VANTEE	57	3/	-6001	036				
City, State, Zip	111-01	1 Urur	Phone Number		Fax Number				
CENTER	VIIIE OH	7575	8 (937,433	3 7151	() -				
MERCHANT PR	OFILE								
Type of Ownership			Date Business Star	ted Date	Acquired by Current Owner				
			1-1-99	· /·	-1-95				
	Partnership Corporatio	n 🗆 L.L.C			of previous business experience.				
Do you currently accept	VISA/Mastercard? tach 3 previous processor state			140 140 이번 111 11 12 12 12 12 12 12 12 12 12 12 12	Associated Principal been stercard Merchant?	DN:			
			Terminated as	a VISAVIVIA	stercard Merchant? Yes	Lagrer .			
VISA/MASTERC	CARD INFORMAT	ION							
PRODUC	CT TYPE		SALES METHOD		PROCESSING METHOD J B				
☐ Automotive	☐ Grocery	On Premise Face	to Face Sales	99 %	Swiped with Imprinted/Receipt	1009			
☐ Clothing	☐ Hotel/Motel	Off Premise Face	to Face Sales	%	Swiped without Imprinted/Receipt	9			
☐ Direct Marketing	Restaurant	Mail Order Sales		%	Keyed with Imprinted/Receipt	9			
☐ Furniture	☐ Jewelry	Internet Sales		%	Keyed without Imprinted/Receipt	9			
☐ Appliance	☐ Computer	Inbound Telephor	ne Order Sales	- %	TOTAL	100 %			
Liquor Outlet	☐ Hardware/Lumber	Outbound Teleph	one Order Sales	%					
Other			TOTAL	100 %					
FUTURE DELIVE	RY—includes advan	ce reservations	deposits, deposits	accepted	for ordered merchandise, me	erchandise			
	ent, and services prov								
	n 1 1111 . n		1						
what Percentage of you	ir Bankcard Volume is Fu	iture Delivery?	25 5 15 20 D	25 ~	30-60 Days 24 % + 60 Days	1 "			
% of Orders delivered	within U-7 Days ~ 9	6 +8-14 Days≥	% + 15-30 Days	<u>~</u> % +	30-60 Days # 60 Days _				
Annual Bankcard Volume	Average Ticket Amount	% of Returns %	of Chargebacks	Seasonal MERO	CHANT Type of Goods or Se	rvices Sold			
\$	\$	% %	if y	YES D		RTIES			
				MAMJJA	SOND				
AMEX #313141	101612181617	71 1 D	ISCOVER# 161	01/1/10	01/17/5424019	1991			
DINERS#		1	JCB#	1 1 1	I I I I I I I I	1			
OWNERS OR O	REICERS	74.		2.9					
Name (Print)	Title		Residence A	ddress	City, State, Zi				
1	ing		Manage A		arry, armed on	E			
Social Security Number	Home	Phone Number	% Equity Ov	vnership	Length at Add	iress			
Name (Print)	Title		Residence A	Residence Address City, State, Zip					
2									
Social Security Number	Home	Phone Number	% Equity Ov	vnership	Length at Add	iress			

MÊRCHANT SITE SU	RVEY REPO	RT (TO	BE COMPLE	TED B	Y SALES RE	PRESENT	ATIVE)			
Merchant Location Shopping Center Office B Commercial Industria	Building	le [☐ Separate Buildi		Residence	Other		,999	000-4,999	
Does the amount of inventory and YES NO 1f no, exp	d merchandise o	n shelves	and floor appe	ar cons	istent with the	type of b	ısiness?	10		
If the Merchant: Sowns the busin	ness who holds the m	nortgage? loes merch:	OWNS ant lease from?	717	Te RIGHT	(Name	and Telephon	e Number)	2.	
Overall Comments by Inspector			C S				# THE	-		
☐ I have contract	nably able to comple		V. (1994) 2-5-64	erchant at	this Address and	_who provid	led the attache	ed Site Inspe ve is correct	ection.	of my
Inspected By (Print Name)	M BIN	9AMO	Signature	لمد	Bun		Date			
DEBIT / CREDIT AUTI	HORIZATIO	N	*	Onv	Work of St			de alla de		1940
MERCHANT hereby authorizes HEARTLAND BANK a voided check. The authority is to remain in full forc HEARTLAND BANK,HCS, HEARTLAND CARD SE	HCS, HEARTLAND CAF e until (a) HEARTLAND I RVICES, L.L.C. reasonabl	RD SERVICES BANK,HCS, H le opportunity (, L.L.C. to dehit and cred IEARTLAND CARD SE to act on it; and (h) all ob	it MERCHA RVICES, L. ligations of N	NT'S checking account L.C. has received write AERCHANT to HEAR	t in accordance w ten notification fo TLAND BANK,	ith this Merchant Pr om MERCHANT o HCS that have arise	ncessing Agreer of its terminating n under this Agr	nent, show the : n in such a mar reement have be	attached aner as t een paid
DEPOSITORY BANK	•	•	PHONE # C	FBANK	~/	7 V 40 40 40 40 40 40 40 40 40 40 40 40 40	CITY/ST/	ATE		
Transit Router/ABA N	Number					count Numb				
		AT	TACH VOI	DED (CHECK	et i				
SCHEDULE OF CHAR	GES									
CHECK THE BOX FOR EACH REQUESTED SERVICE	DISCOUNT RATE		SACTION FEE			THE BOX QUESTED S			TRANSA (
MASTERCARD	1.15/0 %	0	Cents		SCOVER AND J	FIGURE STATE OF STATE	3.1		6	C
≥ VISA	1.75/0%	0	Cents		BIT TRANSACT	TION FEE*				C
DINERS/CARTE BLANCHE AMERICAN EXPRESS	%	6	Cents	2000	C SCAN PPLIES PROVID	DED.				.02 C
AMERICAN EXPRESS			MASTERCARI				DAYS *De	bit processi	-	
MINIMUM MONTHLY STATEMENT	FEE ANNUA				id Qualified _	-	Non-Qualifi	AND DESCRIPTION OF THE PERSON	%	an req
s_os_5.5	50 s_c	2			EVEL N					NDAF
CORPORATE CERTIF	ICATION / I	NVEST	FIGATIVE	CONS	UMER RI	EPORT				
I certify that I am the force and effect authorizing me and any of the followin I further certify that HEARTLAND BANK, HCS and I signature(s) and title(s) of the person(s), so authorized.	ig person(s) to execute the l HEARTLAND CARD SER	MERCHANT I	oration whose full legal t Processing Agreement or I may rely on this author	behalf of the	e corporation and to ac	t on behalf of the	corporation in all n	atters relating to	o the MERCHA	ANT Agi
An investigative or Consumer Report may be made in or employed by HEARTLAND BANK,HCS or any agents Bankcard Application.	nnection with Bankeard Ap of HEARTLAND BANK,	plication. App HCS to investi	licant(s) authorizes HEA gate the references given	RTLAND B/ or any other	NK,HCS and HEART statements or data obta	LAND CARD SI tined from MERC	RVICES, L.L.C. or HANT, or any of th	any credit burea e undersigned p	ru or any credit i rincipals, for th	ie bricher tebetriui
The parties hereto agree to abide by the Terms & C	onditions contained in the	MERCHAN	T Processing Agreemen	ıt						
OWNER/OFFICER SIGNATURE #1		•	PRINT NAM	E&TITLI	3		D	ATE	-	
OWNER/OFFICER SIGNATURE #2			PRINT NAM	IE & TITLI			p	ATE	- <u>3</u> -	
NAME	DV	760 15	WITNESS/S	IGNATURI	3		D	ATE		
PERSONAL GUARANT FOR VALUE RECEIVED, and in consideration of th	e mutual undertakines cur	stained in the I	MERCHANT PROCESS	ING AGRE	EMENT (The "Agreer	ment") by and be	tween			L,-
("MERCHANT") and ("HEARTLAND BANK,HCS") SERVICES, L.L.C. and their successors and assigns the MERCHANT in accordance with the terms of the Agre guaranties.	e full and prompt payment :	when due of all	obligations of every kin	d and nature :	arising directly or indir	rectly out of the A	greement or any do	cument of agree	ment executed:	and dele
PERSONAL GUARANTOR		DATE			SPOUSE (if ap	pplicable)			DA	ATE
PERSONAL GUARANTOR .		DATE		# PX 201 AV					DA	ATE
FOR BANK USE ONLY					3	•				
Application Approved By		Sienature			Title			Date		