

RESOLUTION NO. 48-99  
CITY OF CENTERVILLE, OHIO

SPONSORED BY COUNCILMEMBER Douglas Clive ON THE 20th  
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.

Sally R. Beak  
Mayor of the City of Centerville, Ohio

ATTEST:

Maile Jane Saughal  
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 20th day of September, 1999.

Maile Jane Saughal  
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 JBI 0607
EMPLOYEE REP. NAME JIM BINGAMON
PHONE 937 434-7005

BUSINESS NAME(S)

Legal/Corporate Name City of Centerville
Statement Mailing Address (if different from location address) 100 W Spring St Valley Rd
DBA (Doing Business As) Name
City, State, Zip Centerville OH 45458
Location/Site Address
Federal Tax ID Number 31-6001036
City, State, Zip Centerville OH
Phone Number (937) 433 7151
Fax Number

MERCHANT PROFILE

Type of Ownership Date Business Started Date Acquired by Current Owner
Sole Proprietorship Partnership Corporation L.L.C. If new business owner, attach history of previous business experience.
Do you currently accept VISA/Mastercard? Yes No (If yes, attach 3 previous processor statements)
Has this Business or any Associated Principal been Terminated as a VISA/Mastercard Merchant? Yes No

VISA/MASTERCARD INFORMATION

Table with columns: PRODUCT TYPE, SALES METHOD, PROCESSING METHOD. Rows include Automotive, Clothing, Direct Marketing, Furniture, Appliance, Liquor Outlet, Other and various sales methods like On Premise Face to Face Sales, Mail Order Sales, etc.

FUTURE DELIVERY—includes advance reservations deposits, deposits accepted for ordered merchandise, merchandise shipped after payment, and services provided after payment including memberships and subscriptions.

What Percentage of your Bankcard Volume is Future Delivery? %
% of Orders delivered within 0-7 Days % + 8-14 Days % + 15-30 Days % + 30-60 Days % + 60 Days %

Annual Bankcard Volume Average Ticket Amount % of Returns % of Chargebacks Seasonal MERCHANT YES NO
Type of Goods or Services Sold
If yes, circle closed months: J F M A M J J A S O N D

AMEX # DISCOVER #
DINERS # JCB #

OWNERS OR OFFICERS

Name (Print) Title Residence Address City, State, Zip
Social Security Number Home Phone Number % Equity Ownership Length at Address
Name (Print) Title Residence Address City, State, Zip
Social Security Number Home Phone Number % Equity Ownership Length at Address

# MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

## Merchant Location

- Shopping Center     Office Building     Mobile     Separate Building     Residence     Other \_\_\_\_\_  
 Commercial     Industrial     Residential    Square Footage  0-499     500-1,999     2,000-4,999     5,000+

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business?

YES     NO    If no, explain \_\_\_\_\_

If the Merchant:  Owns the business who holds the mortgage?  
 Leases the business premises who does merchant lease from? \_\_\_\_\_

(Name and Telephone Number)

## Overall Comments by Inspector

I hereby verify that (check one)

- I have physically inspected the business premises  
 I have contracted with \_\_\_\_\_ who provided the attached Site Inspection.  
 I was not reasonably able to complete a Site Inspection of the merchant at this Address and the information stated above is correct to the best of my knowledge and belief.

Inspected By (Print Name) JIM BINGAMON

Signature Jim Bingamon Date \_\_\_\_\_

## DEBIT / CREDIT AUTHORIZATION

MERCHANT hereby authorizes HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. to debit and credit MERCHANT'S checking account in accordance with this Merchant Processing Agreement, show the attached copy a voided check. The authority is to remain in full force until (a) HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. has received written notification from MERCHANT of its termination in such a manner as to all HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. reasonable opportunity to act on it; and (b) all obligations of MERCHANT to HEARTLAND BANK, HCS that have arisen under this Agreement have been paid in full.

DEPOSITORY BANK FIFTH THIRD BANK PHONE # OF BANK 937-436-1296 CITY/STATE Centerville

Transit Router/ABA Number

□ □ □ □ □ □ □ □ □ □

Account Number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

ATTACH VOIDED CHECK

## SCHEDULE OF CHARGES

CHECK THE BOX FOR EACH REQUESTED SERVICE	DISCOUNT RATE	TRANSACTION FEE	CHECK THE BOX FOR EACH REQUESTED SERVICE	TRANSACTION FEE
<input checked="" type="checkbox"/> MASTERCARD	<u>1.75/0</u> %	<u>0</u> Cents	<input type="checkbox"/> DISCOVER AND JCB	Cent:
<input checked="" type="checkbox"/> VISA	<u>1.75/0</u> %	<u>0</u> Cents	<input type="checkbox"/> DEBIT TRANSACTION FEE*	Cent:
<input type="checkbox"/> DINERS/CARTE BLANCHE	%	Cents	<input type="checkbox"/> ETC SCAN	Cent:
<input type="checkbox"/> AMERICAN EXPRESS		Cents	<input type="checkbox"/> SUPPLIES PROVIDED	.02 Cent:

MASTERCARD/VISA RATE BUYDOWN \_\_\_\_\_ DAYS \*Debit processing agreement required

MINIMUM MONTHLY \$ 0    STATEMENT FEE \$ 5.50    ANNUAL FEE \$ 0  
 Surcharge Level - Mid Qualified 0 % Non-Qualified 0 %  
 QUALIFICATION LEVEL  RETAIL     MOTO     GROCERY     STANDARD

## CORPORATE CERTIFICATION / INVESTIGATIVE CONSUMER REPORT

I certify that I am the CITY OF CENTERVILLE (title) of the corporation whose full legal name appears on the MERCHANT Application. I certify that the corporation has duly adopted a resolution that is in full force and effect authorizing me and any of the following person(s) to execute the MERCHANT Processing Agreement on behalf of the corporation and in act on behalf of the corporation in all matters relating to the MERCHANT Agreement. I further certify that HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C. may rely on this authorization until both receive written notice of any change and I further certify that the following are the name(s), general signature(s) and title(s) of the person(s), so authorized.

An investigative or Consumer Report may be made in connection with Bankcard Application. Applicant(s) authorizes HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C. or any credit bureau or any credit reporting agency employed by HEARTLAND BANK, HCS or any agents of HEARTLAND BANK, HCS to investigate the references given or any other statements or data obtained from MERCHANT, or any of the undersigned principals, for the purpose of Bankcard Application.

The parties hereto agree to abide by the Terms & Conditions contained in the MERCHANT Processing Agreement

OWNER/OFFICER SIGNATURE #1 \_\_\_\_\_ PRINT NAME & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER/OFFICER SIGNATURE #2 \_\_\_\_\_ PRINT NAME & TITLE CITY MANAGER DATE \_\_\_\_\_

NAME \_\_\_\_\_ WITNESS/SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PERSONAL GUARANTY

FOR VALUE RECEIVED, and in consideration of the mutual undertakings contained in the MERCHANT PROCESSING AGREEMENT (The "Agreement") by and between ("MERCHANT") and ("HEARTLAND BANK, HCS") and ("HEARTLAND CARD SERVICES, L.L.C."), the undersigned jointly and severally if more than one, unconditionally guarantee to HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C. and their successors and assigns the full and prompt payment when due of all obligations of every kind and nature arising directly or indirectly out of the Agreement or any document or agreement executed and delivered by MERCHANT in accordance with the terms of the Agreement. The undersigned (does/do) hereby certify that (he/she/they) (has/have) read the section of this "Agreement" as it specifically relates to the terms and conditions governing personal guaranties.

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

EXHIBIT "B"

MERCHANT BANKCARD APPLICATION

ISO/AGENT NAME JBI 0607  
EMPLOYEE REP. NAME JIM BINGAMON  
PHONE 937 848-6746

**BUSINESS NAME(S)**

Legal/Corporate Name CITY OF CENTERVILLE Statement Mailing Address (if different from location address) 100 W SPRINGVALLEY RD  
DBA (Doing Business As) Name The GOLF CLUB AT YANKEE TRACE City, State, Zip CENTERVILLE OH 45458  
Location/Site Address 10000 YANKEE ST. Federal Tax ID Number 31-6001036  
City, State, Zip CENTERVILLE OH 45458 Phone Number 937 433-7151 Fax Number ( )

**MERCHANT PROFILE**

Type of Ownership  Sole Proprietorship  Partnership  Corporation  L.L.C. Date Business Started 1-1-95 Date Acquired by Current Owner 1-1-95  
If new business owner, attach history of previous business experience.  
Do you currently accept VISA/Mastercard?  Yes  No (If yes, attach 3 previous processor statements) Has this Business or any Associated Principal been Terminated as a VISA/Mastercard Merchant?  Yes  No

**VISA/MASTERCARD INFORMATION**

PRODUCT TYPE		SALES METHOD		PROCESSING METHOD	
<input type="checkbox"/> Automotive	<input type="checkbox"/> Grocery	On Premise Face to Face Sales	<u>100</u> %	Swiped with Imprinted/Receipt	<u>100</u>
<input type="checkbox"/> Clothing	<input type="checkbox"/> Hotel/Motel	Off Premise Face to Face Sales	%	Swiped without Imprinted/Receipt	
<input type="checkbox"/> Direct Marketing	<input type="checkbox"/> Restaurant	Mail Order Sales	%	Keyed with Imprinted/Receipt	
<input type="checkbox"/> Furniture	<input type="checkbox"/> Jewelry	Internet Sales	%	Keyed without Imprinted/Receipt	
<input type="checkbox"/> Appliance	<input type="checkbox"/> Computer	Inbound Telephone Order Sales	%	TOTAL	
<input type="checkbox"/> Liquor Outlet	<input type="checkbox"/> Hardware/Lumber	Outbound Telephone Order Sales	%		<u>100</u>
<input checked="" type="checkbox"/> Other <u>GOLF : Shop + COURSE</u>		TOTAL	<u>100</u> %		

**FUTURE DELIVERY**—includes advance reservations deposits, deposits accepted for ordered merchandise, merchandise shipped after payment, and services provided after payment including memberships and subscriptions.

What Percentage of your Bankcard Volume is Future Delivery? 0 %  
% of Orders delivered within 0-7 Days \_\_\_% + 8-14 Days \_\_\_% + 15-30 Days \_\_\_% + 30-60 Days \_\_\_% + 60 Days \_\_\_%

Annual Bankcard Volume \$ \_\_\_\_\_ Average Ticket Amount \$ \_\_\_\_\_ % of Returns \_\_\_\_\_ % % of Chargebacks \_\_\_\_\_ %  
Seasonal MERCHANT  YES  NO  
If yes, circle closed months: J F M A M J J A S O N D Type of Goods or Services Sold GOLF : EQUIPM + GREEN FEES

AMEX # 313419101029181 | DISCOVER # 6101110117542409091 |

DINERS # | | | | | | | | | | JCB # | | | | | | | | | |

**OWNERS OR OFFICERS**

1  
Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ % Equity Ownership \_\_\_\_\_ Length at Address \_\_\_\_\_  
2  
Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ % Equity Ownership \_\_\_\_\_ Length at Address \_\_\_\_\_

# MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

## Merchant Location

Shopping Center  Office Building  Mobile  Separate Building  Residence  Other  
 Commercial  Industrial  Residential Square Footage  0-499  500-1,999  2,000-4,999  5,000

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business?

YES  NO If no, explain

If the Merchant:  Owns the business who holds the mortgage? **OWNED OUTRIGHT** (Name and Telephone Number)  
 Leases the business premises who does merchant lease from?

## Overall Comments by Inspector

I hereby verify that (check one)

- I have physically inspected the business premises  
 I have contracted with \_\_\_\_\_ who provided the attached Site Inspection.  
 I was not reasonably able to complete a Site Inspection of the merchant at this Address and the information stated above is correct to the best of my knowledge and belief.

Inspected By (Print Name)

**JIM BINGAMON**

Signature

*Jim Binghamon*

Date

## DEBIT / CREDIT AUTHORIZATION

MERCHANT hereby authorizes HEARTLAND BANK,HCS, HEARTLAND CARD SERVICES, L.L.C. to debit and credit MERCHANT'S checking account in accordance with this Merchant Processing Agreement, show the attached copy a voided check. The authority is to remain in full force until (a) HEARTLAND BANK,HCS, HEARTLAND CARD SERVICES, L.L.C. has received written notification from MERCHANT of its termination in such a manner as to affect HEARTLAND BANK,HCS, HEARTLAND CARD SERVICES, L.L.C. reasonable opportunity to act on it; and (b) all obligations of MERCHANT to HEARTLAND BANK,HCS that have arisen under this Agreement have been paid in full.

DEPOSITORY BANK

PHONE # OF BANK

CITY/STATE

Transit Router/ABA Number

Account Number

ATTACH VOIDED CHECK

## SCHEDULE OF CHARGES

CHECK THE BOX FOR EACH REQUESTED SERVICE	DISCOUNT RATE	TRANSACTION FEE	CHECK THE BOX FOR EACH REQUESTED SERVICE	TRANSACTION FEE
<input checked="" type="checkbox"/> MASTERCARD	1.75/0%	0 Cents	<input checked="" type="checkbox"/> DISCOVER AND JCB	6 Cents
<input checked="" type="checkbox"/> VISA	1.75/0%	0 Cents	<input type="checkbox"/> DEBIT TRANSACTION FEE*	Cents
<input type="checkbox"/> DINERS/CARTE BLANCHE	%	Cents	<input type="checkbox"/> ETC SCAN	Cents
<input checked="" type="checkbox"/> AMERICAN EXPRESS		6 Cents	<input type="checkbox"/> SUPPLIES PROVIDED	.02 Cents

MASTERCARD/VISA RATE BUYDOWN \_\_\_\_\_ DAYS \*Debit processing agreement require

MINIMUM MONTHLY \$ 0 STATEMENT FEE \$ 5.50 ANNUAL FEE \$ 0  
 Surcharge Level - Mid Qualified 0 % Non-Qualified 0 %  
 QUALIFICATION LEVEL  RETAIL  MOTO  GROCERY  STANDARD

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An Investigative or Consumer Report may be made in connection with Bankcard Application. Applicant(s) authorizes HEARTLAND BANK,HCS and HEARTLAND CARD SERVICES, L.L.C. or any credit bureau or any credit reporting agency employed by HEARTLAND BANK,HCS or any agents of HEARTLAND BANK,HCS to investigate the references given or any other statements or data obtained from MERCHANT, or any of the undersigned principals, for the purpose of Bankcard Application.

The parties hereto agree to abide by the Terms & Conditions contained in the MERCHANT Processing Agreement

OWNER/OFFICER SIGNATURE #1

PRINT NAME & TITLE

DATE

OWNER/OFFICER SIGNATURE #2

PRINT NAME & TITLE

DATE

NAME

WITNESS/SIGNATURE

DATE

## PERSONAL GUARANTY

FOR VALUE RECEIVED, and in consideration of the mutual undertakings contained in the MERCHANT PROCESSING AGREEMENT (The "Agreement") by and between ("MERCHANT") and ("HEARTLAND BANK,HCS") and ("HEARTLAND CARD SERVICES, L.L.C."), the undersigned jointly and severally if more than one, unconditionally guarantee to HEARTLAND BANK,HCS and HEARTLAND CARD SERVICES, L.L.C. and their successors and assigns the full and prompt payment when due of all obligations of every kind and nature arising directly or indirectly out of the Agreement or any document or agreement executed and delivered by MERCHANT in accordance with the terms of the Agreement. The undersigned (does/do) hereby certify that (he/she/they) (has/have) read the section of this "Agreement" as it specifically relates to the terms and conditions governing personal guaranties.

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

EXHIBIT "C"

MERCHANT BANKCARD APPLICATION

ISO/AGENT NAME IBI 0607  
 EMPLOYEE REP. NAME Jim Bingham  
 PHONE 937 848-6746

**BUSINESS NAME(S)**

Legal/Corporate Name CITY of CENTERVILLE Statement Mailing Address (if different from location address) 100 W. Spring Valley Rd  
 DBA (Doing Business As) Name Yankee Trace City, State, Zip CENTERVILLE OH 45458  
 Location/Site Address 10000 YANKEE ST Federal Tax ID Number 31-6001036  
 City, State, Zip CENTERVILLE OH 45458 Phone Number (937) 433 7151 Fax Number ( )

**MERCHANT PROFILE**

Type of Ownership  Sole Proprietorship  Partnership  Corporation  L.L.C. Date Business Started 1-1-95 Date Acquired by Current Owner 1-1-95  
 Do you currently accept VISA/Mastercard?  Yes  No (If yes, attach 3 previous processor statements) Has this Business or any Associated Principal been Terminated as a VISA/Mastercard Merchant?  Yes  No

**VISA/MASTERCARD INFORMATION**

PRODUCT TYPE		SALES METHOD		PROCESSING METHOD <u>JB</u>	
<input type="checkbox"/> Automotive	<input type="checkbox"/> Grocery	On Premise Face to Face Sales	<u>99</u> %	Swiped with Imprinted/Receipt	<u>100</u> %
<input type="checkbox"/> Clothing	<input type="checkbox"/> Hotel/Motel	Off Premise Face to Face Sales	%	Swiped without Imprinted/Receipt	%
<input type="checkbox"/> Direct Marketing	<input checked="" type="checkbox"/> Restaurant	Mail Order Sales	%	Keyed with Imprinted/Receipt	%
<input type="checkbox"/> Furniture	<input type="checkbox"/> Jewelry	Internet Sales	%	Keyed without Imprinted/Receipt	<u>1</u> %
<input type="checkbox"/> Appliance	<input type="checkbox"/> Computer	Inbound Telephone Order Sales	<u>1</u> %	TOTAL	100 %
<input type="checkbox"/> Liquor Outlet	<input type="checkbox"/> Hardware/Lumber	Outbound Telephone Order Sales	%		
<input type="checkbox"/> Other		TOTAL	100 %		

**FUTURE DELIVERY**—includes advance reservations deposits, deposits accepted for ordered merchandise, merchandise shipped after payment, and services provided after payment including memberships and subscriptions.

What Percentage of your Bankcard Volume is Future Delivery? 1 %  
 % of Orders delivered within 0-7 Days 25 % + 8-14 Days 25 % + 15-30 Days 25 % + 30-60 Days 24 % + 60 Days 1 %

Annual Bankcard Volume \$ \_\_\_\_\_ Average Ticket Amount \$ \_\_\_\_\_ % of Returns \_\_\_\_\_ % of Chargebacks \_\_\_\_\_ %  
 Seasonal MERCHANT  YES  NO Type of Goods or Services Sold REST. + PARTIES  
 If yes, circle closed months: J F M A M J J A S O N D

AMEX # 31314110628671 | DISCOVER # 16101110117542409091  
 DINERS # | | | | | | | | | | JCB # | | | | | | | | | |

**OWNERS OR OFFICERS**

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ % Equity Ownership \_\_\_\_\_ Length at Address \_\_\_\_\_  
 Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ % Equity Ownership \_\_\_\_\_ Length at Address \_\_\_\_\_

# MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

## Merchant Location

- Shopping Center  Office Building  Mobile  Separate Building  Residence  Other  
 Commercial  Industrial  Residential Square Footage  0-499  500-1,999  2,000-4,999  5,

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business?

- YES  NO If no, explain

If the Merchant:  Owns the business who holds the mortgage? **OWNS TITLE OUT RIGHT** (Name and Telephone Number)  
 Leases the business premises who does merchant lease from?

## Overall Comments by Inspector

I hereby verify that (check one)

- I have physically inspected the business premises  
 I have contracted with \_\_\_\_\_ who provided the attached Site Inspection.  
 I was not reasonably able to complete a Site Inspection of the merchant at this Address and the information stated above is correct to the best of my knowledge and belief.

Inspected By (Print Name) **Jim BINGAMON** Signature *Jim Binghamon* Date

## DEBIT / CREDIT AUTHORIZATION

MERCHANT hereby authorizes HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. to debit and credit MERCHANT'S checking account in accordance with this Merchant Processing Agreement, show the attached a voided check. The authority is to remain in full force until (a) HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. has received written notification from MERCHANT of its termination in such a manner as to HEARTLAND BANK, HCS, HEARTLAND CARD SERVICES, L.L.C. reasonable opportunity to act on it; and (b) all obligations of MERCHANT to HEARTLAND BANK, HCS that have arisen under this Agreement have been paid in full.

DEPOSITORY BANK	PHONE # OF BANK	CITY/STATE
Transit Router/ABA Number □ □ □ □ □ □ □ □ □ □	Account Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

ATTACH VOIDED CHECK

## SCHEDULE OF CHARGES

CHECK THE BOX FOR EACH REQUESTED SERVICE	DISCOUNT RATE	TRANSACTION FEE	CHECK THE BOX FOR EACH REQUESTED SERVICE	TRANSACTION FEE
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<input type="checkbox"/> DINERS/CARTE BLANCHE	%	Cents	<input type="checkbox"/> ETC SCAN	Cents
<input checked="" type="checkbox"/> AMERICAN EXPRESS		6 Cents	<input type="checkbox"/> SUPPLIES PROVIDED	.02 Cents

MASTERCARD/VISA RATE BUYDOWN \_\_\_\_\_ DAYS \*Debit processing agreement required

MINIMUM MONTHLY \$ <u>0</u>	STATEMENT FEE \$ <u>5.50</u>	ANNUAL FEE \$ <u>0</u>	Surcharge Level - Mid Qualified <u>0</u> % Non-Qualified <u>0</u> %
QUALIFICATION LEVEL <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MOTO <input type="checkbox"/> GROCERY <input type="checkbox"/> STANDAR			

## CORPORATE CERTIFICATION / INVESTIGATIVE CONSUMER REPORT

I certify that I am the \_\_\_\_\_ (title) of the corporation whose full legal name appears on the MERCHANT Application. I certify that the corporation has duly adopted a resolution that is in full force and effect authorizing me and any of the following person(s) to execute the MERCHANT Processing Agreement on behalf of the corporation and to act on behalf of the corporation in all matters relating to the MERCHANT Agreement. I further certify that HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C. may rely on this authorization until such time as I receive written notice of any change and I further certify that the following are the name(s), signature(s) and title(s) of the person(s), so authorized.

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The parties hereto agree to abide by the Terms & Conditions contained in the MERCHANT Processing Agreement

OWNER/OFFICER SIGNATURE #1 \_\_\_\_\_ PRINT NAME & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER/OFFICER SIGNATURE #2 \_\_\_\_\_ PRINT NAME & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ WITNESS/SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PERSONAL GUARANTY

FOR VALUE RECEIVED, and in consideration of the mutual undertakings contained in the MERCHANT PROCESSING AGREEMENT (The "Agreement") by and between MERCHANT ("MERCHANT") and HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C., the undersigned jointly and severally if more than one, unconditionally guarantee to HEARTLAND BANK, HCS and HEARTLAND CARD SERVICES, L.L.C. and their successors and assigns the full and prompt payment when due of all obligations of every kind and nature arising directly or indirectly out of the Agreement or any document or agreement executed and delivered by MERCHANT in accordance with the terms of the Agreement. The undersigned (does/du) hereby certify that (he/she/they) (has/have) read the section of this "Agreement" as it specifically relates to the terms and conditions governing personal guaranties.

PERSONAL GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_

## FOR BANK USE ONLY

Application Approved By \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_