SWIPE4FREE
NO PROCESSING FEES

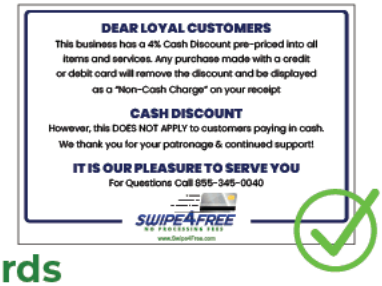
The Nation's #1 Cash Discounting & Surcharging Platform.

Swipe4Free Helps Business Owners Raise Profits By 40%

Nationwide minimum wage increases have lowered the restaurant industry's gross profits by 8 - 10%. With Swipe4free you can eliminate your credit card processing fees, raising your profits by up to 40% allowing you to offset the minimum wage increase and the overall increase costs of doing business.

How Swipe4Free Helps

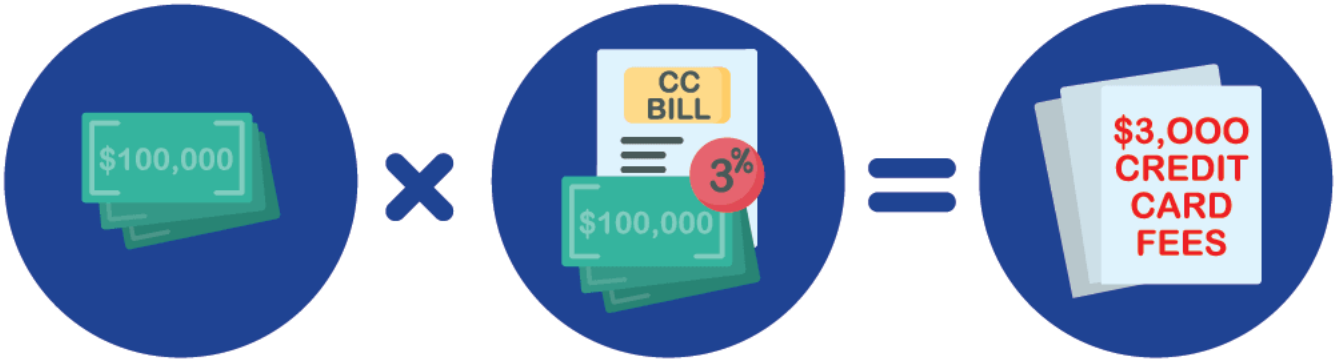
- **Offsetting The Minimum Wage Increase**
  Multiple States Have Raised Their Minimum Wage to $15 / Hour
- **Offsetting Increased Costs of Doing Business**
  Such as Cost of Goods, Supplies, Rent, Utilities, etc.
- **Removing Minimum Debit / Credit Signs**
  Minimum Signs Drive Customers to Other Places of Business
- **Needing to Send Customers to the ATM**
  Resulting in Customers Leaving Your Business Never to Return
- **Allowing Cash Only Merchants to Accept Credit Cards**
  Resulting in Increased Sales by Accepting More Customers
- **Increase in Cash Sales Due to Cash Incentives**
  Customers Love Having The Choice to Save Money



EVERETT JOLLY | MYyPERKS.COM | 1.702.903.9763 | EVJOLLYAZ@GMAIL.COM

How Swipe4Free Works

EXAMPLE: Restaurants currently processing an average of $100,000 per month in credit card and debit card sales average a profit margin of 8% - 10% equaling $8,000 - $10,000 a month while paying 3% in card fees and miscellaneous junk fees.

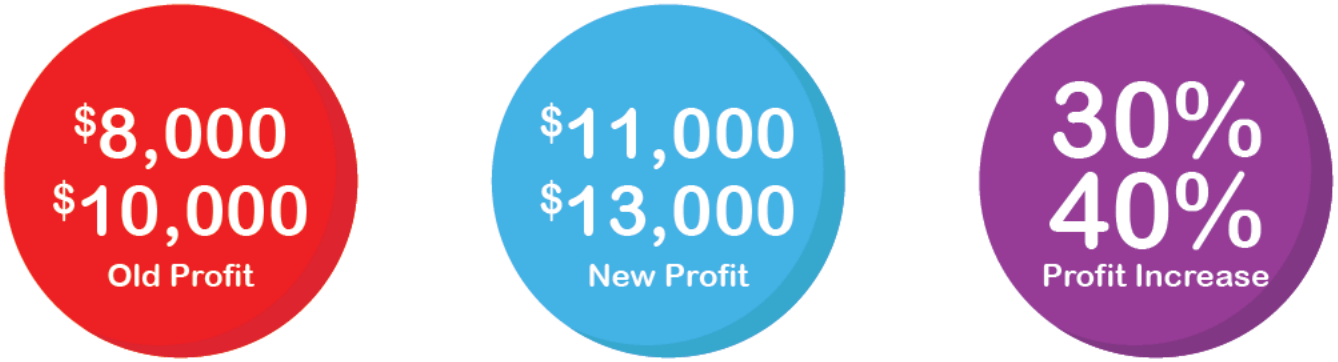


$100,000 Restaurant's Total Processing Volume

3% Credit Card Processing Bill

$3,000 Total Fees Charged To Restaurant

Swip4Free Eliminates the $3,000 Charged by Your Credit Card Proces-



We Integrate With Over 60 POS Systems

Swipe4Free can upgrade any existing POS systems to accept EMV cards and can provide Pay-At-The-Table solutions for your business.

ALDELO POS · Revel SYSTEMS · VIVONET · vend

micros · TouchBistro · NCR SILVER · BERG

rpower · retailcloud · MobileBytes · lightspeed

+ Many More!

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Merchant Industry
36-36 33rd Street, Suite 206
Long Island City, NY 11106

RESET

Date _____
Agent Name _____
Agent Phone _____
Agent # _____

2024 CREDIT CARD PROCESSING QUESTIONNAIRE

BUSINESS INFORMATION

Corporate Name (INC/CORP/LLC)		DBA Name (SAME AS ON CC RECEIPT)	
Business Address	City	State	Zip
Business Phone	Business Fax	Tax ID	
Website		Email	
Type of Ownership	Business Type	Start Date	
Products or Services Sold		MCC#	

OWNERSHIP INFORMATION

Manager? (●) Yes	Owner(1) Name	Title: CEO	SS#	Ownership %: 100%
Owner(1) Home Address	City	State	Zip	
Owner(1) Date of Birth (MM/DD/YY)	Drivers License (DL)	DL State	Home Phone	
Manager? ( ) Yes	Owner(2) Name	Title	SS#	Ownership %
Owner(2) Home Address	City	State	Zip	
Owner(2) Date of Birth (MM/DD/YY)	Drivers License (DL)	DL State	Home Phone	

BANK INFORMATION

Routing (ABA) #	Account (DDA) #

PROCESSING INFORMATION

EBT (FSN) #					
Average Ticket		Highest Ticket			
Swipe% _____ % +	MOTO% _____ % +	Internet% _____ % =	Total MUST Equal 100% _____ %	Annual MC/VISA/DISC/AMEX Volume	Total Volume

TERMINAL INFORMATION

Autobatch? ( ) Yes ( ) No	Time ( ) A.M. ( ) P.M.	DISCLAIMER: Please be advised if the autobatch time is set after 11:00 PM EST the merchant's funds may be held an additional business day.	Tip Adjust? ( ) Yes ( ) No	Ship To ( ) ISO ( ) Merchant

SPECIAL INSTRUCTIONS

_____

_____

_____

Merchant Industry
36-36 33rd Street, Suite 206
Long Island City, NY 11106

Date _____
Agent Name _____
Agent Phone _____
Agent # _____

2024 MERCHANT PROCESSING AGREEMENT

BUSINESS INFORMATION

Merchant Name (DBA or Trade Name)			Corporate / Legal Name		
Location Address			Corporate Address		
City	State	Zip	City	State	Zip
Business Telephone	Business Email		Contact Telephone	Fax Number	

BUSINESS PROFILE & ASSUMPTIONS

Federal Tax ID	Type of Business	Ownership Type	Opening Date	# of Employees 5
Types of goods or services sold (Please include a copy of return/refund policy)		Website		

Average Ticket ($)	Highest Ticket ($)	Annual Visa/MC/DISC/Volume	Swipe% _____ %	MOTO% _____ %	Internet% _____ %	% Total MUST NOT exceed 100%

BANK INFORMATION

ABA (Routing #)	DDA (Account #)	Bank Name

PRINCIPAL(S)

(a) PRINCIPALS: The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above: (Please provide copy of driver's license for each signing principal)

(1) Principal Name		Title CEO	(2) Principal Name		Title
Home Address		Ownership % 100%	Home Address		Ownership %
City	State	Zip	City	State	Zip
Home Phone	Drivers License # or Passport # w/ Exp. Date		Home Phone	Drivers License # or Passport # w/ Exp. Date	
Social Security #		DOB (MM/DD/YY)	Social Security #		DOB (MM/DD/YY)
(3) Principal Name		Title	(4) Principal Name		Title
Home Address		Ownership %	Home Address		Ownership %
City	State	Zip	City	State	Zip
Home Phone	Drivers License # or Passport # w/ Exp. Date		Home Phone	Drivers License # or Passport # w/ Exp. Date	
Social Security #		DOB (MM/DD/YY)	Social Security #		DOB (MM/DD/YY)

(b) MANAGEMENT Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as: • An executive officer or senior manager. (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. If appropriate, an individual listed under section (a) on the previous page may also be listed in this section (b).

Merchant Industry
36-36 33rd Street, Suite 206
Long Island City, NY 11106

Date _____
Agent Name _____
Agent Phone _____
Agent # _____

2024 MERCHANT PROCESSING AGREEMENT

Full Name	DOB (MM/DD/YY)	Is this individual already listed in section (a)? If no, please complete the next section. ◯ Yes ◯ No

Home Address	City	State	Zip

Home Phone	Drivers License # or Passport # w/ Exp. Date	Social Security #	DOB (MM/DD/YY)

REFERENCES

Reference Name #1	Contact	Phone	Account Number
Reference Name #2	Contact	Phone	Account Number

BANK DISCLOSURE

Member Bank (Acquirer) Information:

Esquire Bank
00 Jericho Quadrangle
Suite 100
Jericho, NY 11753

Commercial Bank of California
19752 MacArthur Blvd.
Suite 100
Irvine, CA 92612

Important Bank Responsibilities:

1. Bank is the only entity approved to extend acceptance of VISA products directly to a Merchant.
2. Bank must be a principal (signor) to the Merchant Agreement.
3. Bank is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply.
4. Bank is responsible for and must provide settlement funds to the Merchant.
5. Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with VISA Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member—Bank—is the ultimate authority should the Merchant have any problems.

Merchant / Owner (Print)	Authorized Signature SIGN HERE	Date

SITE SURVEY

Inventory Maintained ◉ On Site Warehouse ◯ Off Site ◯ Fulfillment Center

Fulfillment Center (FC) Name	FC Address	FC City	FC State	FC Zip

Was the Off Site location visited? ◉ Yes ◯ No If No, provide an explanation:

Does the amount of inventory on shelves, floor and in warehouse appear consistent with this type of business and credit card volume?
◉ Yes ◯ No If No, provide an explanation:

Does location have sufficient staff, telephone lines and other equipment to meet anticipated sales volume?
◉ Yes ◯ No If No, provide an explanation:

Does the signage inside and outside match the goods or services sold listed on the application?
◉ Yes ◯ No If No, provide an explanation:

Type of Building ◯ Office Building, Suite ◯ Separate Building ◉ Shopping Center/Mall | Zoning ◉ Commercial ◯ Industrial ◯ Residential

Square Footage ◉ 0-500 ◯ 501-1,000 ◯ 1,001-2,000 ◯ 2,001-4,000 ◯ Other: | Attach a minimum of one inside picture and one outside picture

I hereby verify that I have inspected the business premises 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) _____ Signature _____ Date _____

Merchant Industry
36-36 33rd Street, Suite 206
Long Island City, NY 11106

Date _____
Agent Name _____
Agent Phone _____
Agent # _____

2024 MERCHANT PROCESSING AGREEMENT

PROGRAM TYPE ◉ Dual Pricing ○ Surcharging ○ Traditional

DUAL PRICING PROGRAM - CREDIT		DUAL PRICING PROGRAM - DEBIT				
Consumer	Merchant	PIN Debit Network Fees	PIN Debit Auth	Other Item Rate	Other Volume Rate	Valor Reverse Total (Input card price instead of cash price)
4 %	0 %	○ Yes ◉ No	$_____ (Per Item)	$_____ (Per Item)	$_____ %	○ Yes ◉ No

SURCHARGE PROGRAM - CREDIT		SURCHARGE PROGRAM - DEBIT			
Consumer (Maximum 3%)	Merchant	PIN Debit Network Fees	PIN Debit Auth	Other Item Rate	Other Volume Rate
%	%	○ Yes	$_____ (Per Item)	$_____ (Per Item)	$_____ %

TRADITIONAL PROGRAM

○ INTERCHANGE	Discount	Per Item	○ TIERED	Debit Discount	Debit Per Item	Qual Discount	Qual Per Item	Mid Discount	Mid Per Item	Non Discount	Non Per Item
VISA DISCOVER			VISA DISCOVER								
AMEX			AMEX								

PIN Debit Network Fees	PIN Debit Auth	Other Item Rate	Other Volume Rate	MC/VISA/DISC AUTH:	AMEX AUTH:	AUTH AVS:
○ Yes ○ No	$_____ (Per Item)	$_____ (Per Item)	_____ %	$_____ (Per Item)	$_____ (Per Item)	$_____ (Per Item)

Excessive Electronic Auth.	Batch/Capture Fee	AMEX Opt Blue Support Fee	Setup Fee	Debit Access Fee	High Risk Monitoring Fee
$_____ (Per Item)	$_____ (Per Item)	$_____ %	$_____ (Per Item)	$_____ (Per Item)	$_____ (Monthly)

American Express shall deduct a fee from each Charge from Merchant submitted to American Express by Bank or ISO for settlement ("Wholesale Fee"). The Wholesale Fee is not interchange.

MISC. FEES

Invalid TIN Fee	Annual Fee	Chargeback Fee	Retrieval Fee (12BLetter)	NSF Fee	Collection Fee
$19.99/Month	$ 129.99	$ 25.00 (Per Item)	$ 10.00 (Per Item)	$ 25.00 (Per Item)	20% of Uncollected Amount

EBT Food Stamps #	EBT Auth.	EBT Tran.	Monthly Minimum	Merchant Club Fee	PCI Annual Fee	PCI Non Validation (Monthly)
_____ EBT Valid Certificate Required	$ _____	$ _____	$ 25.00	$	$ 119.99	$19.99

Seasonal Merchant? ○ Yes ○ No	☐ Valor Monthly Fee	☐ Wireless Monthly Fee
If Yes, High Volume Months Open	$	$

☐ Discount Collected? ☐ Daily ☐ Monthly	IRS Reporting Fee	Terminal Maintenance Program	Monthly Statement Fee	MCC#
	$_____ (Per Month)	$_____ (Per Month)	$_____ (Per Month)	

EQUIPMENT/SOFTWARE

TERMINAL

Terminal Manufacturer	Terminal Quantity	Terminal Connection Type	Engage My Customer	Valor Tip Display
	○ New ○ Repro	○ IP/Ethernet ○ GPRS ○ WiFi	Monthly Fee $ TXN Fee $	

TERMINAL 2 (OPTIONAL) IF MORE THAN 2 DIFFERENT TERMINALS ARE NEEDED USE THE NOTES SECTION TO REQUEST THE EQUIPMENT

Terminal Manufacturer	Terminal Quantity	Terminal Connection Type	Engage My Customer	Valor Tip Display
	○ New ○ Repro	○ IP/Ethernet ○ GPRS ○ WiFi	Monthly Fee $ TXN Fee $	

PIN PAD

PIN Pad Manufacturer	PIN Pad Quantity
	○ New ○ Repro

MOBILE APP

ValorPay	Mobile App Quantity
○ Yes ○ No	

POINT OF SALE (POS)

POS Name	POS Quantity
	○ New ○ Repro

VIRTUAL TERMINAL

Virtual Terminal Name	Monthly Fee	TXN Fee	TSYS Tokenization
	$	$	○ Yes ○ No

VALUE ADDED SERVICES

AUTOBATCH	Tip Adjust	Ship To	Gift cards
○ Yes ○ No If Yes, enter time _____ ○ AM ○ PM	○ Yes	○ ISO ○ Merchant	