

BANK OF AMERICA, N.A. MERCHANT SERVICES APPLICATION

1. MERCHANT BUSINESS INFORMATION (If P.O. Box, Physical Location Is Also Needed)

LEGAL BUSINESS NAME _____ CONTACT NAME _____
 DBA NAME _____
 PHYSICAL ADDRESS (INCLUDE CITY, STATE AND ZIP) _____
 Check here if Mailing Address is the same as Physical Address _____
 MAILING ADDRESS (INCLUDE CITY, STATE AND ZIP) _____
 PLACE OF LEGAL FORMATION _____ COUNTRY OF PRIMARY BUSINESS OPERATIONS _____
 PRIMARY TELEPHONE _____ ALTERNATE TELEPHONE _____ FAX _____
 E-MAIL ADDRESSES OF ALL PERSON(S) SIGNING THIS APPLICATION _____
 CUSTOMER SERVICE PHONE # _____ INTERNET WEBPAGE ADDRESS _____
 FEDERAL TAX ID _____ Check here if Merchant has applied for Federal Tax ID but has not received
 If you are submitting your Federal Tax ID with this application by any method other than mail or in person, such as facsimile or through the Internet, be certain that your connection is secure. Alternatively, you may provide this information verbally to your sales representative.
 Statements to be sent to corporate/parent rather than primary address listed above.

CERTIFICATION OF MERCHANT'S BUSINESS

YEARS/MONTHS IN BUSINESS _____	YEARS UNDER CURRENT OWNERSHIP _____	PRODUCTS/SERVICES SOLD _____
BUSINESS ENVIRONMENT (Check All That Apply) <input type="checkbox"/> Storefront <input type="checkbox"/> Kiosk <input type="checkbox"/> Seminar <input type="checkbox"/> Office <input type="checkbox"/> In Home <input type="checkbox"/> MO/TO <input type="checkbox"/> Door to Door <input type="checkbox"/> Trade Show/ Flea Market <input type="checkbox"/> Job/Service Site <input type="checkbox"/> Internet <input type="checkbox"/> Business to Business <input type="checkbox"/> Other _____		

MERCHANT SETTLEMENT ACCOUNT INFORMATION

Unless this is a Bank of America Account, an Imprinted, Encoded, Voided check or Verification of Account Letter from the bank must be attached. If not provided account cannot be set up.

FINANCIAL INSTITUTION _____
 TRANSIT/ABA # _____ ACCOUNT # _____
 If you are submitting your demand deposit account information with this application by any method other than mail or in person, such as facsimile or through the Internet, be certain that your connection is secure. Alternatively, you may provide this information verbally to your sales representative.

If the Settlement Account listed above is not a Bank of America account, please list a Bank of America account (if Merchant has one) for reference purposes.

ACCOUNT TYPE _____ LENGTH OF RELATIONSHIP _____ CONTACT NAME _____
 TRANSIT/ABA # _____ ACCOUNT # _____

BANK OF AMERICA RELATIONSHIP DESCRIPTION

Has Merchant previously processed VS/MC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous processor name: _____ Reason for closure: _____	
If current/previous processor is Bank of America, list Merchant ID # _____		
Average Visa/MC Ticket - Primary Location _____	Average Monthly Visa/MC Sales: _____	Total Visa/MC Annual Volume - All Locations processing with Bank of America _____
Projected monthly check sales _____	Occasional Visa/MC Higher Tickets To: _____	Total Projected Monthly Sales from All Payment Types: _____
Percentage of Delayed Delivery greater than 30 days _____	Projected Monthly Sales from Gift Cards/Gift Certificates: _____	
REFUND POLICY (Check One): <input type="checkbox"/> No refund <input type="checkbox"/> Refund in 30 days or less <input type="checkbox"/> Merchandise exchange only <input type="checkbox"/> Other (please explain) _____		
Is Merchant's business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list inactive months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
Is a fulfillment house used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name: _____		
Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	When is the Merchant's customer billed? (Check one) <input type="checkbox"/> On order <input type="checkbox"/> On inventory verification <input type="checkbox"/> On shipment	
Where is the Merchant's inventory housed? _____		
_____ % Card Presented + _____ % Card Not Present (MUST EQUAL 100% TOTAL)	_____ % Card Swiped	_____ % Hand Entered (Manually Keyed)
	_____ % MO/TO (Catalog)	_____ % Internet

THIS SECTION IS MANDATORY IF REQUESTING PIN-BASED DEBIT CARD SERVICE WILL MERCHANT OFFER CASH BACK? YES NO MAXIMUM AMOUNT \$ _____

Merchant elects acceptance of the following Card types (additional Card types listed on the Fee Schedule):

<input type="checkbox"/> All Visa/MC Card types	<input type="checkbox"/> All MasterCard cards	<input type="checkbox"/> American Express	<input type="checkbox"/> Diner's Club
<input type="checkbox"/> All Visa cards	<input type="checkbox"/> MasterCard credit cards only	<input type="checkbox"/> Discover	<input type="checkbox"/> PIN-Based Debit
<input type="checkbox"/> Visa credit cards only	<input type="checkbox"/> MasterCard off-line debit cards only	<input type="checkbox"/> JCB	<input type="checkbox"/> EBT
<input type="checkbox"/> Visa off-line debit cards only			<input type="checkbox"/> Purchasing Cards

OTHER PRODUCTS AND SERVICES

Merchant elects acceptance of the following services:

ACCESS.NET (Web Reporting) Merchant Gift Cards Electronic Check Service EWI

Do you wish to also submit this document as an application for a:

Platinum Visa Business Card? Yes No Power Rewards Business Card? Yes No Business Credit Express Line of Credit? Yes No

APPLICABLE ONLY IF MERCHANT IS APPLYING FOR THE PRODUCTS ABOVE: We may share information about the business and the undersigned owners and officers with FIA Card Services, N.A. for consideration of the product(s) checked above.

2. BUSINESS OWNERSHIP INFORMATION

FORM OF OWNERSHIP (Mandatory)

Sole Proprietorship Partnership Government Limited Partnership Non US Company Multi Member Limited Liability Company Tax Exempt Organization Single Member Limited Liability Company Corporation (privately traded) Corporation (publicly traded) Symbol

OWNER/OFFICER INFORMATION

Information on the individual(s) signing the Application must be provided below.

1. FIRST NAME, MI, LAST NAME TITLE DATE OF BIRTH: OWNER (% Ownership) OFFICER HOME ADDRESS CITY STATE ZIP GOVERNMENT ISSUED ID # DATE ISSUED EXPIRATION DATE STATE ISSUED COUNTRY OF ISSUANCE (IF NOT U.S.) TYPE OF ID TELEPHONE SOC. SEC. # COUNTRY OF CITIZENSHIP (IF NOT U.S.)

2. FIRST NAME, MI, LAST NAME TITLE DATE OF BIRTH: OWNER (% Ownership) OFFICER HOME ADDRESS CITY STATE ZIP GOVERNMENT ISSUED ID # DATE ISSUED EXPIRATION DATE STATE ISSUED COUNTRY OF ISSUANCE (IF NOT US) TYPE OF ID TELEPHONE SOC. SEC. # COUNTRY OF CITIZENSHIP (IF NOT U.S.)

If corporate/parent ownership: list information below:

NAME OF CORPORATE/PARENT OWNER

CONTACT NAME E-MAIL ADDRESS ADDRESS CITY STATE ZIP TELEPHONE ALTERNATE TELEPHONE FAX

3. GENERAL PROVISIONS

APPLICABLE ONLY IF MERCHANT ACCEPTS AMERICAN EXPRESS: I authorize American Express Travel Related Services Company, Inc (American Express) to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies.

APPLICABLE ONLY IF MERCHANT ACCEPTS DISCOVER: By signing below or providing my assent to this Application, I represent that the information provided on this Application is complete and accurate.

APPLICABLE TO ALL MERCHANTS: MERCHANT REPRESENTS THAT THE MERCHANT HAS CHOSEN FOR ITSELF ANY SERVICES, EQUIPMENT OR THIRD PARTY SELECTED IN CONNECTION WITH THE AGREEMENTS AND MERCHANT'S DECISION WAS SOLELY BASED ON MERCHANT'S OWN CRITERIA AND ANALYSIS.

The completed Application, the Merchant Agreement, the Fee Schedule, any forms and/or forms attached below and the Rules/Manuals/Instructions (collectively the "Agreement") constitute the entire agreement between the parties with respect to the subject matter and supersede any prior agreements or understandings.

1. Person(s) who sign below or 2. person(s) returning this Application in an electronic format further unconditionally authorizes Bank, or its agents to investigate the information and references contained herein, and to obtain additional information about the Merchant, as well as individual persons and companies named in this Application, from consumer and business credit bureaus and other lawful sources.

IN WITNESS WHEREOF, the parties cause the Application and the applicable Agreement to be executed by their duly authorized owners and/or officers.

("MERCHANT") (Business Name - print or type) Signature: Name (print or type): Title (print or type): Date: 12/19/07

BANK OF AMERICA, N.A. ("BANK") Signature: Name (print or type): Title (print or type): Date:

("MERCHANT") (Business Name - print or type) Signature: Name (print or type): Title (print or type): Date: 12/19/07