0							
SUBSTITUTE FORM W-9  Sole Proprietor Corporation S Corporation Partnership Unincorporated association							
☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ GOVERNMENT ☐ TRUST ☐ ESTATE							
LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C, S OR							
◆ LEGAL BUSINESS NAME*:  *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.							
◆LEGAL BUSINESS ADDRESS (NO PO BOX):		0.0	►TIN (EMPLOY	'ER ID #):			
◆ CITY:         ◆ STATE:         ◆ ZIP CODE:				OR -	▶TIN (SOCIAL	SECURITY#):	
COMPANY REPRESENTATIONS AND CERTIFICATIONS							
Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920, (collectively, "we" or "us") that (i) all information provided in this company application", company application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.* The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.mypaymentsinsider.com/applifile/Coperating Guide English, respectively. If Company does not have access to view the TOS or Operating Guide at our website at https://www.mypaymentsinsider.com/applifile/Coperating Guide English, respectively. If Company does not have access to view the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks and understands that failure to comply will result in termination of process			PCI Compliance, PCI/SafeT Program Fees. All companies, regardless of Transaction volume, must comply with the requirements of the Payment Card Industry Data Security Standard (PCI DSS). Elavor's monthly (PCI/Safe-T) Program Standard Fee is disclosed in the Fee section of this Application. For clarity, if Company has selected a Safe-T solution, the fee for PCI DSS compliance is included within the (PCI/SafeT) Program Standard Fee. For sixty (60) days following account approval, Company will be charged the (PCI/SafeT) Program Discounted Fee disclosed in the Fee section of this Application. If Company validates its initial PCI DSS compliance within sixty (60) days after account approval, it will continue to be eligible for the (PCI/SafeT) Program Discounted Fee for the 12 months starting with the month in which it provides validation (e.g., if Company didates compliance in March, it will pay the discounted fee from March through February of the following year). If Company does not validate its initial PCI DSS Compliance within sixty (60) days following account approval, it has the province of the following year). If Company will be eligible for the (PCI/SafeT) Program Discounted (PCI/SafeT) Program Standard Fee until Company validates its annual PCI DSS compliance.  For any time after the sixty (60) days following account approval, if Company validates PCI DSS by the 25th day of a month, Company will be eligible for the (PCI/SafeT) Program Discounted Fee for the 12 months starting with the month of validation (e.g., if Company of the following year). Following the end of each annual PCI DSS compliance validation period, Company will have to the 25th of the following month to validate compliance or Company will be required to pay the full, undiscounted monthly (PCI/SafeT) Program Standard Fee until Company again validates compliance.  Under penalties of perjury, Company certifies that:  1. The number shown on this Company Application is my correct taxpayer identification number (or 1 am waiting for a number to be i				
**The Internal Revenue Service does not require your consent to any provision of this document other than the Company Application, you hereby certify that to the best of your knowledge, the information provided about yo information provided about the beneficial owner(s) and/or the individual with control over the above named Co					the name and ad any is complete	dress provided for the abo and accurate.	ve named Company, and the
♦SIGNATURE: X	♦ PRINTED NAME			♦Titl		◆ DATE:	
SIGNATURE: X PRINTED NAME:					TITLE:		DATE:
PERSONAL GUARANTY  As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty among and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.  PRINTED NAME:  PRINTED NAME:  DATE:							
SUBMITTED BY (INTERNAL USE ONLY)							
To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.							
		♦ PRINTED					
♦ REP PHONE #:		♦ REP EMAI	L:				