



# FIS Cover Sheet

Merchant Name: **City Of Corpus Christi**

File:  Association: **890000**

New MID: **See Schedule X** Old MID:

Bank: **Non Bank Referral** Branch:

Account Rep: **Rick Silva** Rep Code **9100**

## Merchant Info

This relationship is:  Direct  3rd Party  Direct (Regional Rep)

This merchant is a:  New Merchant  Converted Merchant

The conversion is:  3rd Party to Direct  
 Direct to 3rd Party  
 New FIS Bank

This merchant is:  Card Only  Ecommerce  
 Card and Check Processing  Card Not Present

Pricing will be:  Mirroring Old Pricing  
 FIS Pricing (Please Specify)

Pass Thru

Monthly Support Fee\*:

\*Requires Sales Manager approval

Merchant Business Center Fee:

Monthly PCI Compliance Fee:

Merchant Set-up Fee:

Special Fee Waivers\*:

\*Requires Sales Manager approval

Specialized - Pricing sheet attached

Order Equipment from:  POS Portal  TASQ

Training will be done by:  FIS  Bank  Sales Rep

### Terminal Setup:

Number of New TIDs Needed  Terminal Type

Will FIS Provide?

Features:  Autoclose Time

AVS Prompts  Tips  Purchasing Prompts

CVV Code  Verify Last 4  Display Full Card

Number Needed To Access Outside Line?

Pin Pad Type? (Required for all PIN-Debit Terminals)

### Special Instructions:



X	New Location	<input type="checkbox"/>	Additional Location	Existing MID	Rep ID/Name	Silva	MCC: 7399
Merchant Information	DBA Name	City of Corpus Christi			DBA Telephone #	361-826-2489	
	DBA Address	1201 Leopard St.			DBA Fax #	NA	
	City	Corpus Christi	State	TX	Zip	78401	
	Customer Service Phone #	361-826-2489					
	Contact/Phone	Judy Villalon/361-826-3651			Email Address	judyav@cctexas.com	
	Federal Tax ID #	74-6000574			Website Address	http://www.cctexas.com/	
Date Business Opened	1852			Length of Current Ownership	163 years		
Corporate/Statement Information (if different from DBA)	Corporate or Legal Name	City Of Corpus Christi			Corporate Phone #		
	Corporate Address	P.O. Box 9277			Corporate Fax #		
	City	Corpus Christi	State	TX	Zip	78469	
Principal Information (Owner/Partner/Officer) REQUIRED	Owner/Partner/Officer 1	Name Ronald L. Olson			Owner/Partner/Officer 2	Name	
	Title	City Manager	% Ownership	0	Title	% Ownership	
	Home Address				Home Address		
	City	State	Zip		City	State	Zip
	Home Telephone				Home Telephone		
	Social Security #	DOB			Social Security #	DOB	
	Initials Req'd	Total Annual Gross Sales for 14 months ending 09/30/2014	\$ 397,704,030			Card Present Swiped	100 %
Annual Visa/MC/Discover Sales		\$ approximately \$79,000,000.00			Card Present Not Swiped	___ %	
Average Visa/MC/Discover Ticket approximately		\$ 148.97			Mail/Telephone Order	___ %	
Merchant Financial/Processing Information	Seasonal Merchant?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N		Internet (ecommerce) (If not 100%, separate account required)	___ %	
	J F M A M J J A S O N D				Total Must = 100%		Days to Delivery 0-3 days
	NOTE: Merchant must send a written request to inactivate account during non-processing months.						
	Description of products/services sold utilities (water, wastewater, gas, and solid waste pickup services), permits, licenses, fees, court fines, planning fees, library fees, parking fees, parking fines, afterschool care (latchkey), summer camp programs (latchkey), senior center meals, animal immunizations, animal adoption fees, health dept. immunizations and fees, death certificates, birth certificates, solid waste disposal fees, swimming pool fees, admission fees and rental fees, boat slip fees including electricity, boat storage fees, boat yard repair services, vehicle impound fees						
Describe your return/refund policy Only on duplicate transactions.							
Do you utilize a 3 <sup>rd</sup> party/fulfillment house? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Previous Processor Wells Fargo, ETS and Bank of America			
If yes, name of company:				Reason for changing processors RFP (Request for Proposal)			
address:							
phone #:							
Bank Account (Checking Accounts Only)	Deposit Bank Name	Frost Bank			ABA/Routing #	114000093	
	Account #	664035046 Merchant Processing Account					
	Billing Bank Name (if different)				ABA/Routing #		
	Account #						
Owner ID	Sole Proprietorship Only: Primary Identification Form (Permanent Driver's License-state of issuance, State Non-driver's ID Card, County ID Card-county of issuance, Passport-country of issuance, Resident Alien Card, or Armed Forces ID-branch of service)						
	ID Form:	Issuer:			Number:		
	Date of Issuance:	Expiration Date:			Date of Birth:		

Number of terminals needed to program/reprogram 29

Choose any of the following 5 options: IP.

Set-up Information

1.  Dial Pay – Electronic processing via your touch tone telephone

2.  POS Terminal:  Reprogram  Purchase Lease (Additional Rental Agreement Required)  Other Source SEP

Terminal Type: Ingenico iCT 220 11P2372A Quantity: 29 Printer Type: Quantity:

PIN pad Type: Quantity: Reader Type: Quantity:

Will your POS Terminal operate on an analog phone line?  Yes  No

Does your telephone system require an access number to dial an outside line?  Yes  No Number \_\_\_\_\_

Will your POS Terminal operate on a dedicated phone/fax line?  Yes  No

FIS highly recommends the use of a dedicated phone line

\*Note: All downloads require an analog phone line

IP w/ Dial backup

3.  Internet Specify Software: \_\_\_\_\_

4.  PC Software (Additional set-up forms may be required) Specify Software: \_\_\_\_\_

Modem Type & Speed: \_\_\_\_\_ Windows Version: \_\_\_\_\_

Number of PCs: \_\_\_\_\_ Will software operate on a LAN?  Yes  No If yes, LAN type: \_\_\_\_\_

5.  Paytrace Virtual Terminal  Paytrace Basic  Shopping Cart  Recurring Payments  Batch Upload  API  API: Phone  
 CommercePointe Basic  CommercePointe Premium  Fraud Shield  Self-Risk Check Verification  Warranty Check

Do you accept American Express  Yes  No American Express #: See Sched

Do you utilize a 3<sup>rd</sup> Party Processor  Yes  No If yes, name of processor \_\_\_\_\_

Our trainer will contact you for a point-of-sale training session. All training conducted via telephone and will last 15-45 minutes.

Training Contact: Judy Villalon, City Treasurer Phone: 361-826-3651

Email: judyav@cctexas.com

Initials Req'd

*JV*

Equipment:

Terminal 29 \$ SEP \$10/terminal/month  Printer \$ \_\_\_\_\_  Pin Pad \$ \_\_\_\_\_

Imprinter \$ \_\_\_\_\_  Merchant Kit  Decal Kit

Terminal Sticker  QRC/Guide  Overlay

Reader \$ \_\_\_\_\_  User Manual  Plate One for each MID (23 MIDs)  Magtek

Rent  Lease

Imprint Plate Order:

Merchant DBA Name: City of Corpus Christi Plate Type: \_\_\_\_\_

DBA City & State: Corpus Christi, TX Number of Plates: One plate for each MID (23 MIDs)

Equipment Order Set-up Information

Shipping Information

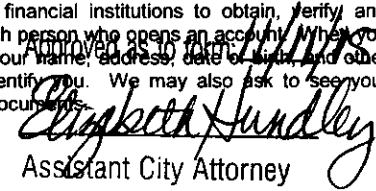

All orders are shipped to the DBA address listed, unless noted below:

Special Shipping Instructions:

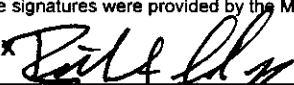
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Merchant Application**

<b>Substitute For W-9</b>	<b>Business Type:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> Closely Held Corp <input type="checkbox"/> Sub S Corp <input checked="" type="checkbox"/> Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status) <input type="checkbox"/> Other (Assn/Estate/Trust) <input type="checkbox"/> Limited Liability Company – Tax Classification (D=disregarded entity, C=corporation, P=partnership):    (If LLC, please indicate D, C, or P)			
	<b>Name*: City of Corpus Christi</b>			
	*Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.			
	Address: 1201 Leopard St.		TIN (Employer Identification #): 74-6000574 or TIN (Social Security #):	
City: Corpus Christi		State: TX	Zip Code: 78401	

<b>Merchant Representations and Certifications</b>	<p>In the Terms and Conditions of the Merchant Agreement, "we", "us," and "our" means Fidelity Information Services, LLC ("FIS"), 11000 West Lake Park Drive-LL, Milwaukee, WI 53224, 1-800-552-5828, for the applicable Discover Network Card Transactions, and Wells Fargo Bank, N.A. ("Acquirer") and FIS for all other Card Transactions. "You" and "your" means the undersigned merchant ("Merchant") for whom we provide card transaction processing services under the Merchant Agreement. "Cards" has the meaning set forth in the Terms and Conditions. This Merchant Application and Agreement establishes the terms and conditions on which you may accept Cards in payment for goods and services and we will provide transaction processing and settlement services. If we approve your Merchant Application, you will be provided with instructions on how you can access and obtain a copy of the Operating Rules and with such other requirements and directives we may require relating to your acceptance of Card transactions. You agree that if you process Card Transactions, you will comply with the Operating Rules for all Card Transactions you accept and process.</p> <p>Each of the undersigned Owner/Officer(s) certifies that he/she has the authority, as described below, to represent the Merchant named above and, on behalf of the Merchant, (1) represents that the information provided above is true and correct, (2) agrees to use the Services pursuant to terms and conditions of the Merchant Agreement, including the Terms and Conditions, and (3) authorizes the Acquirer, or its agent, to obtain information concerning the Merchant's financial condition from any credit reporting agency, creditor or financial institution. Facsimile signatures on this Application shall be binding in the same manner as original signatures.</p> <p>The term ("Term") of this Agreement shall be three (3) years from the date set forth below with the option to extend for two additional twelve (12) month terms (each a "Renewal Term") at your election upon no less than sixty (60) days notice to FIS.</p>		<p>All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). FIS requires Level 4 merchants (determined based on Card Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than thirty (30) days after account approval. You will be charged the monthly PCI Fee described in Schedule A.</p> <p>The monthly PCI Fee per merchant account number, based on connectivity, number of merchant locations and then-current cost to FIS of the Services, will be charged to merchants that use the PCI compliance services of the qualified third party assessor with whom FIS has partnered. Any merchant that has not validated PCI DSS compliance within thirty (30) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged FIS's then-current monthly non-compliance fee described in Schedule A until FIS is provided with validation of compliance.</p> <p><b>IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT</b></p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we may ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p> <p align="right"> <i>Approved as to form by:</i>    <b>Elizabeth Hundley</b>          Assistant City Attorney          For City Attorney       </p> <p>I understand that full terms and conditions are available at <a href="http://www.fisglobal.com/products-retailpayments-cardprocessing">www.fisglobal.com/products-retailpayments-cardprocessing</a></p>	
	Signature: X 		Printed Name: Ronald L. Olson	Title: City Manager
Signature: X		Printed Name:	Title:	Date:

<b>Personal Guaranty</b>	<p>For good and valuable consideration, receipt of which is hereby acknowledged, each Owner/Officer signing below ("I", "me", "my"), in my individual capacity and not on behalf of Merchant, agree (jointly and severally if more than one) to unconditionally guaranty prompt payment, when due, by Merchant of all amounts owed by Merchant to Acquirer under the terms of the Merchant Regulations, plus accrued interest and other fees and charges, including reasonable attorneys' fees and costs of Acquirer (the "Obligation"). I expressly waive notice of acceptance of this Guaranty, of default, or of collection, and agree that Acquirer may, without notice to me or my consent, extend the time for payment, grant waivers, change the terms of the Merchant Regulations, or compromise any claim against Merchant. Following Merchant's default under the terms of the Merchant Regulations, Acquirer may require me to repay the entire Obligation even though Merchant is able to pay, and Acquirer shall not have to take any steps to realize upon any collateral securing the Obligation, or take any action, or wait for any event to occur to establish my liability to repay the Obligation. I expressly waive any claim of marshalling of assets against Acquirer. Unless and until the Obligation has been paid in full, my responsibility to Lender will continue and will not be affected by any claims or defenses that Merchant may have against Acquirer, and I will not exercise or enforce any subrogation, contribution, or other legal rights I may have against Merchant. This is a continuing unlimited guaranty that will remain in effect until the Obligation has been paid in full. This Guaranty may not be waived, modified, released or otherwise changed except by a writing signed by both me and Acquirer. This Guaranty is governed by the laws of the state of Wisconsin. I authorize Acquirer, or its agent, to obtain or report credit information regarding me. If I am a married Wisconsin resident, I agree that this Guaranty is incurred in the interest of my marriage or family.</p>				
	Signature: X		Printed Name:	SSN:	Date:
	Signature: X		Printed Name:	SSN:	Date:

<b>Submitted By</b>	To the best of my knowledge, I certify that the information provided in the Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.			
	Signature: X 		Printed Name: <b>RICHARD A. SILVAJ</b>	Rep ID# <b>9100</b>

<b>FIS Use Only</b>	Approved By:			
	Underwriter Name: <b>Gina Roderick</b>		Date: <b>1/7/16</b>	



# MERCHANT APPLICATION AND AGREEMENT

## Disclosure Page

### Merchant Services Provider Contact Information

Name: Fidelity Information Services, LLC, Attn: FIS Merchant Services  
 Address: 11000 West Lake Park Drive-LL, Milwaukee, WI 53224  
 Customer Service #: 1-800-552-5828  
 Application Inquiry #: 1-800-552-5828  
 Sales Office #: 1-800-552-5828

### Member Bank (Acquirer) Information

Acquirer Name: Wells Fargo Bank, N.A.  
 Acquirer Address: 1200 Montego Way, Walnut Creek, CA 94598  
 Acquirer Phone: 1-925-746-4167

### Important Member Bank (Acquirer) Responsibilities

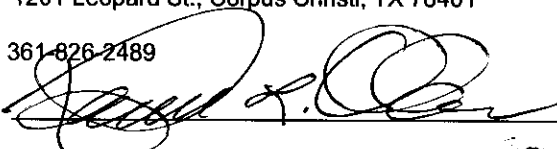
- The Bank is the only entity approved to extend acceptance of Payment Network products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

### Important Merchant Responsibilities

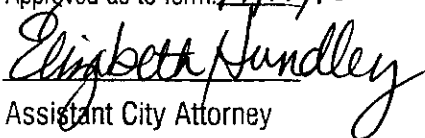
- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Payment Network thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Payment Network Rules.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: [http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>

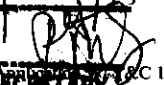
The responsibilities above do not replace the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

### Merchant Information

Business Legal Name (Printed): City of Corpus Christi  
 Business Address: 1201 Leopard St., Corpus Christi, TX 78401  
 Business Phone: 361-826-2489  
 Signature of Business Principal:   
 Printed Name of Business Principal: Ronald L. Olson  
 Title: City Manager  
 Date:

ATTEST:   
 REBECCA HUERTA  
 CITY SECRETARY

Approved as to form: 11/11/15  
  
 Assistant City Attorney  
 For City Attorney

M 2015-109 AUTHORIZED  
 BY COUNCIL 9/29/15  
  
 SECRETARY



DEPOSIT INFORMATION REQUEST

To be completed by the merchant

Bank Name: Wells Fargo
Bank Address: 802 N. Carancahua, Corpus Christi, TX 78401
Bank Telephone Number: 361-844-1167 Bank Fax Number: 361-844-1025

Please provide us with a rating on the following account(s):

Name on Account: City of Corpus Christi
Account Number(s): 664012798 664035046

I hereby authorize FIS Merchant Services to obtain account information from the bank indicated above.

Authorized Signature: [Signature]
Printed Name & Title: Judy Villalon, City Treasurer
Date: 11/11/2015

To be completed by the financial institution

For your convenience, a space is provided for entry of the rating information.
Please return this form to FIS Merchant Services at the fax number listed below.
Thank you for your prompt assistance.

Date opened: Year to Date NSF:
Average Daily Balance:
Rating:
Financial Institution Signature:

FIS Merchant Services - Underwriting
11000 West Lake Park Drive-LL
Milwaukee, WI
53224
Fax 414-371-6684



## FIS Supplied Equipment Program Addendum

Merchant engages FIS as the provider of equipment ("Equipment") in support of point of sale ("POS") transactions at Merchant's retail locations in accordance with this Supplied Equipment Program Addendum ("Addendum"). FIS desires to lease the Equipment ("Service") to Merchant in accordance with the terms and conditions of its Supplied Equipment Program ("SEP") as outlined below. This Addendum is part of the Merchant Agreement described on the signature page to which this Addendum is attached.

1. **Term.** Merchant agrees to participate in the SEP for a period of thirty-six (36) months from effective Date ("Initial Term"). Upon expiration of the initial term, the agreement will continue on a month to month basis unless terminated by the provision of the thirty (30) days written notice by either party.
2. **Equipment.**
  - a. Merchant acknowledges that the Equipment is the sole and exclusive property of FIS or its supplier and title to all Equipment shall remain with FIS or its supplier. Merchant agrees to return the Equipment upon (i) replacement or exchange of any Equipment for new or replacement Equipment in the case of a Covered Event, as further defined below; (ii) termination or expiration of the Term; or (iii) termination or expiration of the Merchant Agreement.
  - b. In the event that Equipment is not returned, there will be a Non-Returned Equipment Fee of \$100.00 per terminal (if enrolled in SEP Options I, II, IV, or V), or \$1,000 per terminal (if enrolled in SEP Options III, or VI).
  - c. In the event that Equipment is returned and is not in good working condition, as deemed by FIS or its Agent; FIS may, at its discretion, charge a Non-Returned Equipment Fee.
  - d. Upon expiration of the Initial Term of this Agreement, title to the Equipment shall vest with Merchant at no additional cost.
  - e. All Equipment shall be new.
3. **Equipment Returns.**
  - a. If in FIS' discretion the Equipment is not functioning or is damaged ("Failed Equipment") as a result of a Covered Event (defined below) Merchant can request replacement Equipment from FIS. Replacement Equipment will be sent to Merchant via overnight delivery as long as (a) request is received by 4:00PM EST and (b) overnight service is available in the delivery area.
  - b. If Merchant returns Equipment which, upon inspection, is found to be discontinued Equipment, the Equipment will be deemed to be a Non-Eligible Return, subject to the Non-Returned Equipment Fee of \$100 per terminal.
  - c. If returned Equipment is not functioning or is damaged as a result of a Non-Covered Event, there will be a fee charged to the Merchant of \$100.00 per terminal (if enrolled in SEP Options I, II, IV, or V), or \$1,000 per terminal (if enrolled in SEP Options III, or VI).
4. **Supplies** – Merchant may purchase supplies (e.g., paper rolls, printer ribbons, sales drafts, credit slips, cables, peripherals) at a discounted rate. Normal shipping charges will apply.
5. **Program Fees** – As indicated in the pricing attachment and based on the Equipment selected, FIS will charge a monthly fee per terminal/per month plus applicable taxes, such fees to be reflected in itemized form on Merchant's monthly statement received from FIS in connection with the Merchant Agreement. The agreed upon prices stated in the pricing attachment hereto shall be guaranteed for the Initial Term.
6. **Warranty.** FIS makes NO express or implied warranties, conditions, or representations to Merchant or with respect to the EQUIPMENT, whether oral or written, express, implied or statutory. Without limiting the foregoing, any implied warranty or condition of merchantability, non-infringement, or fitness for a particular purpose IS expressly excluded and disclaimed. FIS will, to the extent possible pass through any manufacturer's warranty.
7. **Termination.**
  - a. Upon cancellation during the Initial Term of the Agreement, Merchant agrees to immediately return the Supplied Equipment at its own expense.
  - b. In the event of early termination of this Service by the Merchant; as long as the Equipment is returned in good condition there will be no additional fees related to the early return of the Equipment.
8. **Limitation of Liability.** FIS'S TOTAL LIABILITY TO MERCHANT ARISING FROM THIS AGREEMENT IS LIMITED IN ALL CASES AND IN THE AGGREGATE TO THE AMOUNT OF FEES ACTUALLY PAID BY MERCHANT TO FIS PURSUANT TO THE AGREEMENT DURING THE TWELVE (12) MONTHS PRECEDING THE DATE OF THE EVENT THAT IS THE BASIS FOR THE FIRST CLAIM. NOTWITHSTANDING THE FOREGOING, FIS SHALL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, DELAY OR PUNITIVE DAMAGES WHATSOEVER (INCLUDING BUT NOT LIMITED TO, DAMAGES FOR LOSS OF BUSINESS PROFITS OR REVENUE, BUSINESS INTERRUPTION, LOSS OF INFORMATION, OR OTHER PECUNIARY LOSS), EVEN IF FIS WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.
9. **Definitions.**
  - a. Non-Covered Event - (a) lost or stolen devices; (b) damage caused by abuse, neglect, vandalism, misuse (including, faulty installation, repair or maintenance by anyone other than FIS or an agent designated by FIS); (c) unauthorized modifications, extreme environments (including extreme temperature and humidity), extreme physical stress, fluctuation or surges of electrical power, electrical or magnetic interference, lightning, static electricity, fire, acts of God or other external causes; (d) equipment with serial numbers that have been altered, defaced or removed; (e) cosmetic damage (including, scratches, dents and broken plastic bits that do not otherwise affect the functionality of the terminal); (f) damage to or loss of any software or data residing or recorded in the device; (g) consumable parts, such as batteries; or (h) updates or modifications to terminals required for purposes of industry compliance; (i) intentional acts or willful damage. In the event of a Non-Covered Event, there will be a fee charged to the merchant of \$100.00 per terminal (if enrolled in SEP Options I, II, IV, or V), or \$1,000 per terminal (if enrolled in SEP Options III, or VI).
  - b. Covered Event - Issues, complications and/or failures as a direct result of normal business use or wear and tear.
10. **Equipment Type Designation.** Merchant selects Option Iy of the SEP.



FIS

*Bob A. Silva*  
Signature  
Bob A. Silva Jr  
Print Name  
Director Sales  
Title  
1-5-16  
Date

Merchant

*Robert L. Olson*  
Signature  
Robert L. Olson  
Print Name  
City Manager  
Title  
December 16, 2015  
Date

Approved as to form: 12/10/15  
*Elizabeth Hundley*  
Assistant City Attorney  
For City Attorney





PRICING ATTACHMENT

SEP Pricing Options: Please circle the option selected by the merchant:

Terminal/Printer Combinations	SEP Monthly Fee per Terminal Device	Quantity
<b>Option I-Fully-loaded VeriFone countertop option</b> VX 520 DC SC CTLS-Dial/IP connectivity, integrated PIN pad, contact and contactless Model # 252-653-A3-NAA-3	\$10.00*	_____
<b>Option II-External PIN pad VeriFone option</b> VX 520 DC SC CTLS and VX 805 SC CTLS-Dial/IP connectivity and external attached PIN pad, contact and contactless Model # 252-653A3-NAA-3 & M280-703-A3-WWA-3	\$17.00*	_____
<b>Option III-Wireless VeriFone option</b> VX 680 3G Wireless-Dial/IP connectivity, integrated PIN pad, 4 MB of memory, contact and contactless, full-feature base/docking station, SIM card Model # M268-793-C6-USA-3	\$30.00*	_____
<b>Option IV-Fully-loaded Ingenico countertop option</b> iCT220-Dial/IP connectivity, integrated PIN pad, contact and contactless Model # iCT220-11P2372A	\$10.00*	<u>29</u>
<b>Option V-External PIN pad Ingenico option</b> iCT220 and iPP320 – Dial/IP connectivity and external attached PIN pad, contact and contactless Model # iCT220-11P2372A & iPP310-11P2486A	\$21.00*	_____
<b>Option VI-Wireless Ingenico option</b> iWL255 GPRS 3G Wireless-Dial/IP connectivity, integrated PIN pad, 4 MB of memory, contact and contactless DC base/docking station, SIM card Model # iWL255-01P2070A	\$31.00*	_____
<b>Total number of terminals being purchased (please designate the number of terminals purchased in the space to the right)</b>		_____

Pricing Notes:

\*Prices do not include sales tax. Additional vendor/transaction fees for wireless service may apply.

Price includes: terminal, complimentary starter kit (quick reference card, Ethernet cable, two rolls of receipt paper), initial download, debit injection (where applicable) and shipping. Additional benefits for wireless terminals include wireless activation, SIM card, and charging/docking base/station.

 Initials