

NEW AMEX OR DISCOVER APPLICATION

Fax requests to (703) 991-5374

**** Please allow three (3) to five (5) business days for your request to be completed. ****

| FOR OFFICE USE ONLY | | | |
|------------------------------------|-----------|-----------------|----------|
| OFFICE NAME | OFFICE ID | REP NAME / ID # | APP ID # |
| NEW AMERICAN EXPRESS (AMEX) | | | |
| MERCHANT ID # | | DBA NAME | |
| CONTACT NAME | | PHONE NUMBER | |

I hereby authorize Sage Payment Solutions to request an American Express (AMEX) account on my behalf.

BY IT'S SIGNATURE BELOW THE ABOVE NAMED COMPANY REPRESENTS AND WARRANTS TO SAGE PAYMENT SOLUTIONS THAT IT IS AUTHORIZED TO EXECUTE THE AGREEMENT AND THIS ADDENDUM. THIS ADDENDUM, TOGETHER WITH THE AGREEMENT AND TERMS AND CONDITIONS ATTACHED ENTERED INTO ON_____, AND INCORPORATED HEREIN BY REFERENCE, CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER HEREOF AND SUPERSEDES ALL PRIOR AGREEMENTS.

SIGNATURE AND ACCEPTANCE

By signing below, I represent that the information I have provided on the Application is complete and accurate and 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. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions.

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| AUTHORIZED SIGNER ON ACCOUNT (MERCHANT): X | SIGNER'S NAME (PLEASE PRINT) X |
| DATE: X | SIGNER'S TITLE (PLEASE PRINT) X |
| NEW DISCOVER | |
| MERCHANT ID # | DBA NAME |
| CONTACT NAME | PHONE NUMBER |

I hereby authorize Sage Payment Solutions to request a Discover account on my behalf.

BY IT'S SIGNATURE BELOW, THE ABOVE NAMED COMPANY REPRESENTS AND WARRANTS TO SAGE PAYMENT SOLUTIONS THAT IT IS AUTHORIZED TO EXECUTE THE AGREEMENT AND THIS ADDENDUM. THE AGREEMENT AND THIS ADDENDUM, TOGETHER WITH THE TERMS AND CONDITIONS ATTACHED ENTERED INTO ON_____, AND INCORPORATED HEREIN BY REFERENCE, CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES PERTAINING TO THE SUBJECT MATTER HEREOF AND SUPERSEDES ALL PRIOR AGREEMENTS.

SIGNATURE AND ACCEPTANCE

By accepting the Discover Card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions of Discover. After Discover approves your application for a Merchant Account, you will receive a Disclosure Letter that identifies important terms of your Agreement.

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| AUTHORIZED SIGNER ON ACCOUNT (MERCHANT): X | SIGNER'S NAME (PLEASE PRINT) X |
| DATE: X | SIGNER'S TITLE (PLEASE PRINT) X |

