

C O M P A N Y A P P L I C A T I O N (L A R G E R E L A T I O N S H I P)

SERVICES AVAILABLE TO COMPANIES OPERATING IN CERTAIN JURISDICTIONS (CHECK ONE)

☒ SERVICES IN USA – SCHEDULE B ☐ SERVICES IN CANADA – EXHIBIT 3 TO SCHEDULE F ☐ SERVICES IN PUERTO RICO – EXHIBIT 3 TO SCHEDULE G

COMPANY INFORMATION

LEGAL NAME (AS DESCRIBED IN THE AGREEMENT-INDIVIDUAL DBA'S WILL BE OBTAINED DURING IMPLEMENTATION):

CITY OF SUNRISE

CONTACT NAME: HARRY CRUZ

ADDRESS (no PO Box): 10770 WEST OAKLAND PARK BLVD

ADDRESS 2:

◆ DBA ADDRESS TYPE: **Business**

◆ CITY: **SUNRISE**

◆ STATE/PROVINCE: **FL**

◆ ZIP/POSTAL CODE: **33351**

◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: **USA**

PHONE #: **954-746-3233**

◆ BUSINESS COUNTRY OF FORMATION: **USA**

DBA FAX #: **954-572-2469**

◆ INCORPORATION DATA: STATE/PROVINCE YEAR

FED/GST TAX ID: **590944587**

PRIMARY WEBSITE: <http://www.sunrisefl.gov/>

CIP EXEMPTION: **US State Local Govt/Education**

BENEFICIAL OWNER EXEMPTION:

OTHER ADDRESS (IF DIFFERENT THAN ABOVE)

☐ MAILING ☐ SHIPPING ☐ SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)

LOCATION NAME:

PHONE #:

CONTACT:

FAX #:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP)

◆ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % ☒ AUTHORIZED SIGNER ☐ SOLE PROPRIETOR

◆ ADDITIONAL BENEFICIAL OWNERS? ☒ RESPONSIBLE PARTY TITLE: **Officer** IF OTHER: **MAYOR**

◆ FIRST NAME: **MICHAEL**

◆ MIDDLE NAME: **J**

◆ LAST NAME: **RYAN**

◆ ADDRESS (NO PO BOX): **10770 WEST OAKLAND PARK BLVD**

◆ ADDRESS TYPE: **Business**

◆ CITY: **SUNRISE**

◆ STATE/PROVINCE: **FL**

◆ ZIP/POSTAL CODE: **33351**

◆ COUNTRY: **USA**

◆ DOB: **EXEMPT**

◆ US PERSON: **Yes**

◆ PHONE #:

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS

◆ HOME ADDRESS:

◆ CITY:

◆ STATE:

◆ ZIP CODE:

◆ ID TYPE: **Other (addl info required)**

◆ ID #: **EXEMPT**

◆ IF OTHER- ID TYPE:

◆ IF OTHER ID #:

◆ IF OTHER ID - COUNTRY OF ISSUANCE:

◆ IF OTHER GOVERNMENT ISSUED - ID NAME:

INDIVIDUAL VALIDATION DOCUMENTATION

◆ IDENTIFICATION DOCUMENT:

◆ ISSUING COUNTRY (IF APPLICABLE):

◆ ISSUING STATE (IF APPLICABLE):

◆ DOCUMENT #:

◆ ISSUE DATE:

◆ EXPIRY DATE:

PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.

☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

PRINCIPAL 2 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP)

◆ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % ☒ AUTHORIZED SIGNER ☐ SOLE PROPRIETOR

☐ RESPONSIBLE PARTY TITLE: **Officer** IF OTHER: **FINANCE MANAGER**

◆ FIRST NAME: **HARRY**

◆ MIDDLE NAME:

◆ LAST NAME: **CRUZ**

◆ ADDRESS (NO PO BOX): **10770 WEST OAKLAND PARK BLVD**

◆ ADDRESS TYPE: **Business**

◆ CITY: **SUNRISE**

◆ STATE/PROVINCE: **FL**

◆ ZIP/POSTAL CODE: **33351**

◆ COUNTRY: **USA**

◆ DOB: **EXEMPT**

◆ US PERSON: **Yes**

◆ PHONE #:

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS

◆ HOME ADDRESS:

◆ CITY:

◆ STATE:

◆ ZIP CODE:

◆ ID TYPE: **Other (addl info required)**

◆ ID #: **EXEMPT**

◆ IF OTHER- ID TYPE:

◆ IF OTHER ID #:

◆ IF OTHER ID - COUNTRY OF ISSUANCE:

◆ IF OTHER GOVERNMENT ISSUED - ID NAME:

INDIVIDUAL VALIDATION DOCUMENTATION

◆ IDENTIFICATION DOCUMENT:

◆ ISSUING COUNTRY (IF APPLICABLE):

◆ ISSUING STATE (IF APPLICABLE):

◆ DOCUMENT #:

◆ ISSUE DATE:

◆ EXPIRY DATE:

PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.

☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

PRINCIPAL 3 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP)																						
◆ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %				☐ AUTHORIZED SIGNER		☐ SOLE PROPRIETOR																
☐ RESPONSIBLE PARTY				TITLE: _____ IF OTHER: _____																		
◆ FIRST NAME:			▶ MIDDLE NAME:		◆ LAST NAME:																	
◆ ADDRESS (NO PO BOX):						◆ ADDRESS TYPE:																
◆ CITY:		◆ STATE/PROVINCE:		◆ ZIP/POSTAL CODE:		◆ COUNTRY:																
◆ DOB:		◆ US PERSON:			▶ PHONE #:																	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS																						
▶ HOME ADDRESS:			▶ CITY:		▶ STATE:		▶ ZIP CODE:															
▶ ID TYPE: SSN			▶ ID #:		▶ IF OTHER- ID TYPE:																	
▶ IF OTHER ID #:		▶ IF OTHER ID - COUNTRY OF ISSUANCE:			▶ IF OTHER GOVERNMENT ISSUED - ID NAME:																	
INDIVIDUAL VALIDATION DOCUMENTATION																						
◆ IDENTIFICATION DOCUMENT:			▶ ISSUING COUNTRY (IF APPLICABLE):			▶ ISSUING STATE (IF APPLICABLE):																
◆ DOCUMENT #:			▶ ISSUE DATE:			▶ EXPIRY DATE:																
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.						☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH																
INTERMEDIARY BUSINESS INFORMATION																						
◆ BUSINESS NAME:				◆ CONTACT NAME:																		
◆ PERCENTAGE OF OWNERSHIP: _____ %				▶ CONTACT PHONE:																		
◆ ADDRESS TYPE:		◆ ADDRESS:		▶ CONTACT EMAIL:																		
◆ CITY:				◆ STATE:		◆ ZIP:																
RELATIONSHIP PARAMETERS																						
WHEN ANY AFFILIATED ENTITIES WILL BE COVERED BY THE AGREEMENT, ENTER THE ENTITY NAME(S) AND FEDERAL TAX ID(S) ON SCHEDULE C																						
MEMBER: ☒ ELAVON, INC. ☐ U.S. BANK NATIONAL ASSOCIATION ☐ KEY BANK, NATIONAL ASSOCIATION (IF SELECTED, THEN ALL REFERENCES TO ELAVON IN THE AGREEMENT SHALL MEAN KEY MERCHANT SERVICES, LLC, A JOINT VENTURE BETWEEN KEY BANK, NATIONAL ASSOCIATION AND ELAVON, INC.)																						
BUSINESS/ ORGANIZATION TYPE: ☐ PUBLIC CORPORATION ☐ CLOSELY HELD CORP ☐ SUB S CORP ☐ SOLE PROPRIETOR ☐ GENERAL PARTNERSHIP ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ OTHER (ASSN/ESTATE/TRUST) ☒ GOVERNMENT ☐ TRANSIT AUTHORITY ☐ UTILITY ☐ PUBLIC/PRIVATE CONSORTIUM ☐ COLLEGE/UNIVERSITY ☐ HEALTH CARE ☐ RELIGIOUS ☐ NON-PROFIT CHARITABLE OR SOCIAL																						
FINANCIALS (NOTATION REQUIRED) ☐ PUBLICLY TRADED (SYMBOL _____) ☐ GOVERNMENT/INSTITUTIONAL ORGANIZATION (IF ONLINE, PROVIDE WEBSITE _____) ☐ PRIVATE (3 RD PARTY AUDITED REQUIRED) ☐ BANK PROVIDED																						
IRS FORMS: ☒ SUBSTITUTE W-9 (REQUIRED FOR U.S. ENTITIES) ☐ SUBSTITUTE W-*BEN (REQUIRED FOR NON-U.S. ENTITIES)																						
DESCRIPTION OF PRODUCT/SERVICES – PLEASE BE SPECIFIC: GOVERNMENT SERVICES- NOT ELSEWHERE CLASSIFIED																						
<table style="width:100%; border:none;"> <tr> <td>PROCESSING ENVIRONMENT(S):</td> <td>RETAIL 66 %</td> <td>RESTAURANT 0 %</td> <td>LODGING 0 %</td> <td>PAY AT PUMP 0 %</td> </tr> <tr> <td></td> <td>MAIL ORDER 0 %</td> <td>TELEPHONE ORDER 12 %</td> <td>SUPERMARKET 0 %</td> <td></td> </tr> <tr> <td>TOTAL MUST EQUAL 100%</td> <td>INTERNET 22 %</td> <td colspan="3">TRANSACTIONS ACCEPTED THROUGH A WEBSITE REQUIRES THAT SPECIFIC SECURITY/POLICY REQUIREMENTS BE MET IN ORDER TO PROCESS</td> </tr> </table>								PROCESSING ENVIRONMENT(S):	RETAIL 66 %	RESTAURANT 0 %	LODGING 0 %	PAY AT PUMP 0 %		MAIL ORDER 0 %	TELEPHONE ORDER 12 %	SUPERMARKET 0 %		TOTAL MUST EQUAL 100%	INTERNET 22 %	TRANSACTIONS ACCEPTED THROUGH A WEBSITE REQUIRES THAT SPECIFIC SECURITY/POLICY REQUIREMENTS BE MET IN ORDER TO PROCESS		
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TOTAL MUST EQUAL 100%	INTERNET 22 %	TRANSACTIONS ACCEPTED THROUGH A WEBSITE REQUIRES THAT SPECIFIC SECURITY/POLICY REQUIREMENTS BE MET IN ORDER TO PROCESS																				
CARD TYPES: COMPANY MUST DETERMINE IN ACCORDANCE WITH THE PAYMENT NETWORK REGULATIONS WHICH TYPE(S) OF CREDIT CARDS AND DEBIT CARDS IT WILL AGREE TO ACCEPT AS A FORM OF PAYMENT FROM ITS CUSTOMERS. THE CARD TYPES INCLUDE VISA CREDIT, VISA DEBIT, MASTERCARD CREDIT, MASTERCARD DEBIT, AND DISCOVER (JCB, DI, UP)																						
NETWORK: ☒ ELAVON ☐ OTHER:		POINT OF SALE SOLUTION(S): (MARK ALL THAT APPLY) ☐ TERMINALS: ☐ VAR: ☐ ELAVON SOFTWARE: ELAVON CERTIFIED ☐ CERT PENDING ☐																				
ADVANCED DEPOSIT PROGRAM ELECTION THIS IS LIMITED TO HOSPITALITY MCC'S)		☐ DO ☒ DO NOT ELECT TO PARTICIPATE IN THE ADVANCE DEPOSIT SERVICE PROGRAM																				
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)- SUBMISSION OF BANK DOCUMENTATION IS REQUIRED FOR ALL DDAs SUBMITTED, AND WE MAY CONFIRM ANY DATA DIRECTLY WITH THE BANK																						
PRIMARY BANK: WELLS FARGO (LOCATIONS MAY BE DIFFERENT AND WILL BE CAPTURED AT THE MID LEVEL)				PRIMARY BANK CONTACT NAME:		PRIMARY BANK CONTACT PHONE:																
PRIMARY BANK ABA/ROUTING #: 067006432				PRIMARY BANK DDA ACCOUNT #:																		
DDA DOCUMENTATION (ONE REQUIRED): ☐ BANK LETTER / ☐ VOIDED CHECK				☐ ACH DEBIT BLOCKING																		

PROCESSING SERVICES AVAILABLE TO COMPANIES GENERALLY (CHECK DESIRED PROCESSING SERVICES)☒ CREDIT CARD SERVICES☐ DEBIT CARD (SIGNATURE-BASED) SERVICES☐ DEBIT CARD (PIN-BASED) SERVICES☒ BILL PAYMENT (PINLESS DEBIT) SERVICES☐ DYNAMIC CURRENCY CONVERSION (DCC) SERVICES☐ MULTI-CURRENCY PRICING (MCP) SERVICES☐ WIRELESS SERVICES☐ CONTACTLESS SERVICES☐ ELECTRONIC GIFT CARD SERVICES☐ WEBSUITE SERVICES☐ INTERNET PIN-BASED DEBIT CARD SERVICESSERVICES THAT ALLOWS COMPANY TO PROCESS :☐ DOMESTIC INTERNET PIN-BASED CARD TRANSACTIONS☐ CHINA UNION PAY

(IF CHECKED, COMPANY MAY SUBMIT INTERNATIONAL PIN-BASED CREDIT CARD TRANSACTIONS AND INTERNATIONAL DEBIT CARD TRANSACTIONS FOR PROCESSING OVER THE CHINA UNIONPAY CO., LTD NETWORK)

☐ OTHER:☐ OTHER:

IF ADDITIONAL INTERNATIONAL NETWORKS ARE ELECTED, ATTACH SUPPLEMENTAL INTERNATIONAL NETWORKS ELECTION PAGE

☐ PAYMENT NAVIGATOR SERVICES (ATTACH BUSINESS ASSOCIATE AGREEMENT)☐ HEALTHCARE ADMINISTRATION SERVICES☐ ELIGIBILITY☐ PATIENT PAYMENT ESTIMATES☐ PATIENT STATEMENT☐ ELECTRONIC BILL PRESENTMENT☐ PAYER SERVICES☐ CONVERGE SERVICES☐ CONVERGE TOKENIZATION SERVICES☐ PETROLEUM SERVICESPETROLEUM SERVICES AVAILABLE TO QUALIFIED COMPANIES (CHECK DESIRED PETROLEUM SERVICES):☐ VOYAGER CARD ACCEPTANCE☐ SMARTLINK SERVICES☐ WRIGHT EXPRESS CARD ACCEPTANCE (SEPARATE WRIGHT EXPRESS CHARGE CARD ACCEPTANCE AGREEMENT REQUIRED)☒ ELECTRONIC CHECK SERVICES**PROCESSING SERVICES AVAILABLE TO COMPANIES OPERATING IN CERTAIN CATEGORIES (CHECK DESIRED SERVICES)**☐ EBT SERVICES☐ HOSPITALITY SERVICES☐ SERVICES FOR GOVERNMENT ENTITIES AND INSTITUTIONS (ELAVON FEE COLLECTION MODEL – CHECK ONE)☐ DIRECT DEBIT☐ INVOICE (WHEN AVAILABLE)☐ NO SIGNATURE REQUIRED PROGRAM SERVICE☐ PAYMENT FACILITATOR SERVICES**NON-PROCESSING SERVICES AVAILABLE TO COMPANIES GENERALLY (CHECK DESIRED SERVICES)**☐ HOSTED GATEWAY SERVICES☐ SAFE-T SERVICES☐ SAFE-T INSTANT TOKENIZATION SERVICES

CONVENIENCE FEE AND GOVERNMENT/PUBLIC INSTITUTION SERVICE FEES (GPISF)**CONVENIENCE FEE AND SERVICE FEE PROGRAMS****CONVENIENCE FEE FUNDING MODEL (CHECK ONE):**☐ COMPANY MANAGED CONVENIENCE FEE¹☐ ELAVON MANAGED CONVENIENCE FEE²**PAYMENT TRANSACTION TYPES**☐ CREDIT (CHECK ALL THAT APPLY):☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS PS☐ SIGNATURE DEBIT (CHECK ALL THAT APPLY):☐ VISA ☐ MASTERCARD ☐ DISCOVER☐ PIN-BASED DEBIT☐ ACH (VIA ELECTRONIC CHECK SERVICES)**ELAVON PRODUCT SUPPORTING ELAVON-MANAGED CONVENIENCE FEE ASSESSMENT TO BE USED BY COMPANY (CHECK ALL THAT APPLY):**☐ COMPANY PROPRIETARY SOLUTION OR VALUE-ADDED SERVICER☐ OTHER:**GPISF FUNDING MODEL (CHECK ONE):**☐ COMPANY-MANAGED SERVICE FEE³☐ COMPANY-MANAGED WITH ELAVON POS DEVICES/SERVICE FEE TERMINALS⁴☐ ELAVON-MANAGED SERVICE FEE⁵**CARD ACCEPTANCE (CHECK ALL THAT APPLY):**☐ POINT OF SALE ☐ INTERNET☐ IVR ☐ OTHER:**GPISF SERVICES PROGRAMS (CHECK ALL THAT APPLY, BUT ONLY IF COMPANY ELECTS GPISF ASSESSMENTS):**

- ☐ MASTERCARD GOVERNMENT AND EDUCATION PAYMENT PROGRAM
☐ VISA GOVERNMENT AND EDUCATION PAYMENT PROGRAM
☐ AMERICAN EXPRESS GOVERNMENT AND EDUCATION PAYMENT PROGRAM
☐ DISCOVER GOVERNMENT AND EDUCATION PAYMENT PROGRAM

TRANSACTION TYPES:

- ☐ FEDERAL INCOME TAX ☐ BUSINESS TAX
☐ GOVERNMENT FEES ☐ OTHER TAX
☐ STATE INCOME TAX ☐ TUITION
☐ REAL ESTATE PROPERTY TAX ☐ OTHER EDUCATION EXPENSES

PAYMENT TYPES FOR GPISF ASSESSMENT (NOT ALL PAYMENT TYPES ARE SUPPORTED FOR ALL PROGRAMS)(CHECK ALL THAT APPLY, BUT ONLY IF COMPANY ELECTS GPISF ASSESSMENT):☐ CREDIT – (CHECK ALL THAT APPLY):☐ VISA – ELIGIBLE MCCS: 8211, 8220, 8244, 8249, 9211, 9222, 9311, 9399☐ MASTERCARD – ELIGIBLE MCCS: 8211, 8220, 8299, 9211, 9222, 9223, 9311, 9399, 9402☐ DISCOVER (AVAILABLE IF ELAVON-ACQUIRED)☐ AMERICAN EXPRESS PS– ELIGIBLE MCCS: 8211, 8220, 8244, 8249, 9211, 9311, 9399, 9222☐ SIGNATURE DEBIT – (CHECK ALL THAT APPLY):☐ VISA – ELIGIBLE MCCS: 8211, 8220, 8244, 8249, 9211, 9222, 9311, 9399☐ MASTERCARD – ELIGIBLE MCCS: 8211, 8220, 8299, 9211, 9222, 9223, 9311, 9399, 9402☐ DISCOVER (AVAILABLE IF ELAVON-ACQUIRED)☐ ACH (VIA ELECTRONIC CHECK SERVICES)**ELAVON PRODUCT SUPPORTING GPISF ASSESSMENT TO BE USED BY COMPANY (CHECK ALL THAT APPLY):**☐ SERVICE FEE TERMINAL☐ SAFE-T SERVICES (**ADDITIONAL ENROLLMENT FORM REQUIRED**)☐ COMPANY PROPRIETARY SOLUTION OR VALUE-ADDED SERVICER☐ OTHER:**COMPANY REPRESENTATIONS AND CERTIFICATIONS**

By signing below, the applicant company ("Company") and its authorized representative represent and warrant to Elavon, Inc. and Member that (i) all information provided in or with this company application ("Company Application") is true and complete and properly reflects the business and financial condition of Company, and (ii) the person signing this Company Application is duly authorized to bind Company to all provisions of the Agreement. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.

PRINTED NAME:

TITLE:

SIGNATURE: X

DATE:

¹ "Company-Managed Convenience Fee" means that Company establishes the amount of the Convenience Fee (subject to the requirements of the Agreement and applicable Payment Network Regulations) and retains the Convenience Fee. Company pays Elavon the per transaction fees as set forth on Schedule A to the Agreement for all Convenience Fee Transactions.

² "Elavon- Managed Convenience Fee" means that Elavon establishes the amount of the Convenience Fee and retains the Convenience Fee in lieu of Company's obligation to pay Elavon the per transaction fees as set forth on Schedule A to the Agreement for Convenience Fee Transactions. The Convenience Fee is still charge by Company and included in the overall transaction amount charged to the Cardholder.

³ "Company-Managed Service Fee" means that Company establishes the amount of the GPISF, programs its POS Devices to assess the GPISF, and retains the GPISF (subject to the requirements of the Agreement and applicable Payment Network Regulations). Company pays Elavon the per transaction fees as set forth on Schedule A to the Agreement for all GPISF Transactions.

⁴ "Company-Managed with Elavon POS Devices/Service Fee Terminals" means that Elavon programs the POS Devices to assess the GPISF established by Company and Company retains the GPISF. Company pays Elavon the per transaction fees as set forth on the Schedule A to the Agreement for all GPISF Transactions.

⁵ "Elavon-Managed Service Fee" means that Elavon establishes the amount of the GPISF, and Elavon charges and retains the GPISF in lieu of Company's obligation to pay Elavon the per transaction fees and Safe-T Services fees (if Safe-T is chosen above) for GPISF Transactions.