



1750 Old Meadow Road  
Suite 300  
McLean Virginia, 22102  
Phone: (800) 261-0240

**Virtual Check Merchant Processing Application**

Referral:  
Lead Source: None

**SAGE PAYMENT SOLUTIONS**

Office Name: Net1 Direct Sales	Office Phone:	Application ID: 1,777
Application Date: 3/24/2008 2:19:40PM	Contractor Name: Stephanie Harmon	Association: eTAPESTRY

<b>General Information</b>		
Type of Ownership: Tax Exempt (501c)	Business Open Date: 01/01/1900	
Legal Business Name:	Business Name (DBA):	
Mailing/Billing Address:	Location Address:	
City: State: Zip:	City: State: Zip:	
Phone: Fax:	Phone: Fax:	
Contact: Email:	Customer Service Phone: () -	
Federal Tax ID: D & B:	Web Site:	

General Comments: NonProfit Accepting Donations

<b>Owner/Officer 1</b>	0%	<b>Owner/Officer 2</b>	0%	<b>Trade Reference</b>
Name:		Name:		Name:
Title:		Title:		Title:
Address:		Address:		Address:
City: State: Zip: Phone:		City: State: Zip: Phone:		City: State: Zip: Phone:
Email:		Email:		Email:
SSN: DOB: 01/01/1900		SSN: DOB: 01/01/1900		

<b>Underwriting Profile</b>		
Type of Business: MOTO	Seasonal: No	Seasonal High Months:
Business Description: NonProfit Accepting Donations		
Return Policy: Other	Days Until Product Delivery: 0	
* Company has obtained written authorization from the consumer to debit/credit consumer's depository account.		
** Company has obtained verbal authorization from the consumer to debit/credit consumer's depository account, but does not have written authorization.		

Annual Volume: 60,000.00	Average Ticket: 250.00	Highest Ticket: 2,000.00
* Written: 50 %	** Non-Written: 50 %	Merchant: 50 % Consumer: 50 %

<b>Authorization to ACH</b> (must include voided business check)				
Bank Name:	Phone:	City:	State:	Zip:
Depository	Routing #:	Account #:	Fees	Routing #:
				Account #:

<b>Virtual Check Fees</b>						
Description	Qty	Price	Transaction Fees	Tran Fee	Rate	Miscellaneous Fees
			CCD Written	0.75	0.00 %	Statement Fee: 5.00
			CCD Non-Written	0.75	0.00 %	Monthly Minimum Fee: 0.00
			PPD Written	0.75	0.00 %	File Fee: 1.00
			PPD Non-Written	0.75	0.00 %	Reject Fee: 2.00
			WEB	0.75	0.00 %	Gateway Fee: 5.00
			ARC	0.75	0.00 %	Maintenance Fee: 0.00
Total:						

**Virtual Check Originators**

**IMPORTANT NOTES: APPLICATION FEE INCLUDES CREATION OF UP TO FIVE (5) ORIGINATOR ID'S AS INDICATED BELOW. FEES WILL BE ASSESSED FOR ADDITIONAL ORIGINATOR ID'S. A VOIDED CHECK FOR EACH BANK ACCOUNT LISTED BELOW MUST BE ATTACHED.**

Description	Type	Comments	Disbursement	Fee	Reject
		Written:			
		Resubmit:			



**Execution of Agreement**

By signing this agreement, the company certifies to Sage that it is authorized to sign this agreement. This agreement, together with the terms and conditions attached hereto, and incorporated herein by reference, constitutes the entire agreement between the parties pertaining to the subject matter hereof and supersedes all prior agreements. The company hereby agrees to abide by all the provisions of this agreement.

1. All of the Company's application and expedite (if applicable) fee(s) will be non-refundable if Company cancels the Agreement before credit approval and/or installation.
2. This Agreement is not considered received until all documentation requirements and requests have been fulfilled by the Company.
3. The Signatory hereby gives permission to Sage to access his/her credit history via Trans Union, Equifax or other credit-reporting agency.
4. An authorized Officer of the Company has read and hereby acknowledges receipt of the terms and conditions to it.

In witness whereof the parties hereto have caused this agreement (including funds transfer instructions included herein) to be executed by their duly authorized representatives to be effective on the date set out below.

By signing this Agreement, the Company understands that outstanding sums due and owing to Sage, will be charged daily or monthly and debited from its current depository account. Non-sufficient funds for these debits are grounds for a change in Fees or termination of this Agreement, per the attached Terms and Conditions. In the event of non-payment of any sums due, Sage reserves the right to withdraw such sums from the current depository account at any time to ensure payment of the same. By signing below, the Company represents that the information it has provided on this Agreement is complete and accurate.

Company Name:		<b>SAGE PAYMENT SOLUTIONS</b>
OWNER PARTNER / OFFICER 1	OWNER PARTNER / OFFICER 2	
Signature:	Signature:	Signature:
Printed Name:	Printed Name:	Printed Name:
Title:	Title:	Title:
Date:	Date:	Date:

As a primary inducement to Sage to enter into this Agreement, I, the undersigned Guarantor, absolutely and unconditionally guarantee the full and prompt payment of all Company's indebtedness and liabilities, and the performance of all Company's obligations, to Sage under this Agreement (the "Obligations"). I agree that upon Company's default I will pay Sage, in accordance with the terms and conditions of this Agreement, all fees and other sums payable by Company under this Agreement. Further, I acknowledge and agree that (i) this Guaranty will continue until the Obligations are fully and finally performed; (ii) this is a guaranty of payment and performance and not of collection, and in no case will Sage be required to attempt collection from Company or pursue any other remedy or action before collection from me; (iii) the provisions of the Agreement may be modified or waived without notice to or consent by me and without invalidating this Guaranty; (iv) this Guaranty will be governed by and construed in accordance with the laws of the Commonwealth of Virginia; (v) Sage is authorized to investigate any and all credit information pertaining to this Guaranty; (vi) I will be responsible for all legal fees and other costs that Sage incurs enforcing this Guaranty.

Signature:	Social Security #:	Affiliation with Company:
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**\*\* EARLY TERMINATION:** If Company cancels this Agreement during the term or any agreed upon extension term, applicable early termination fees shall be due Sage. See Article V Section 5.01 of the attached terms and conditions for additional details.

**Site Inspection**

By the signature below, signatory verifies that (i) he/she has physically inspected the Business Premises; and (ii) the information stated in this Agreement is correct, to the best of his/her knowledge and is represented by her/his Company.

Sales Representative - Signature:	Sales Representative - Printed Name:	Date:
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