## Merchant Application and ATM Operator Agreement

## Cabe & Cato, Inc ("ISO") MetaBank ("Bank")

## \*\*\*\*\*MUST BE COMPLETED

Metal	Bank ("Bank")		
SECTION A – Application: N 1. Name of Location (Doing Business As)	lerchant/ATM Operator Com	pletes Lines 1-10       ** Pl         2. Physical Street Address of Location	EASE PRINT CLEARLY**
3. City, State Zip		4. Location Phone Number	5. Location Fax Number
6. Business Tax ID Number	<ol> <li>Financial Institution Number (FI #, FDIC, NCUA, ASI)</li> </ol>	8. Email Address of Business Principal	
9. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)		10. Merchandise/Services Sold	
SECTION B – Application: A	TM Operator Completes Lin	nes 11 - 26 ** PLEASE F	PRINT CLEARLY**
11. ATM Operator Principal First Name***	11. ATM Operator Principal Last Name***	12. ATM Operator Principal "FULL" Legal Name (if same	
13. ATM Operator Principal Home Street Address		14. ATM Operator Principal City, State, Zip	
15. ATM Operator Principal Social Security Number ****		16. ATM Operator Principal Driver License Number, Issuing State and Expiration Date ****	
17. ATM Operator Principal Date of Birth*****		18. Any other names by which you are now or have been known:	
19. Are you on parole or probation? Yes or No?	20. Have you ever been convicted of a felony? Yes or No?	21. Percentage of Ownership held by above named ATM	I Operator Principal
22. Are there any other persons/entities that own or control [10%] or more of ATM Operator? Yes or No?		23. If the answer to #21 is Yes, such person/entities are deemed Other Principals. Please include details referenced in 10-21 regarding every Other Principal, on a separate ATM Operator Agreement.	
Applicant hereby applies for an account relation activities, Bank is required to verify the identity of Reports and to undertake a Criminal Background there is more than one Principal indicated above,	ship with Bank, as an ATM Operator sponsored each person who opens an account with Bank. Investigation in connection with this Application. Applicant hereby provides the signed authorizati pplicant may, upon written request, obtain a cc	tained in this Application for Sponsorship, and any other de by Bank. The undersigned acknowledges that in order to Therefore, the undersigned agrees that Bank is authorized Applicant authorizes Bank or any of its agents to investigat on for such Other Principals as well. Applicant agrees to p mplete and accurate disclosure of the nature and scope	<ul> <li>o fight the funding of terrorism and money laundering to obtain Consumer and (if applicable) Business Credit te information or data obtained from this Application. If rovide any further information, including financial data,</li> </ul>
25. SIGNATURE OF ATM OPERATOR PRINCIP	PAL / DATE *****		
Meta Payment Systems, a division of MetaBank,	("Bank") sponsors the ATM Terminal and financial	I transactions on the ATM Terminal that you financially parti	cipate in.
26. In the event this Application is accepted by B transactions on the ATM Terminal that ATM Ope ATM Terminal(s) and to abide by the terms of su with all system and network rules, including but time to time; (4) The Bank may terminate this A Regulations; (5) ATM Operator and ISO will indi	ank, the above named ATM Operator, ISO and the rator financially participates in. ATM Operator and ch separate agreement; (2) The parties agree at not limited to the Plus System, Inc., MasterCard/ typerement in Bank's sole discretion or in the ever emnify and hold harmless the Bank, the process claims, losses or damages arising out of ATM Op	DPERATOR, ISO AND BANK Line he Bank (collectively, the "parties") hereby agree as follows: nd ISO acknowledge that they have signed a separate agr all times to comply with applicable laws and regulations. ( Cirrus, etc. Bylaws and Operating Regulations, which Byla ent that either ATM Operator or ISO fail to comply with t cor, the Networks you participate in (including but not limit erator's or ISO's failure to comply with this Agreement, with E.	: (1) Bank will sponsor the ATM Terminal and financial reement governing the placement and operation of the 3) ATM Operator and ISO agree to comply at all times two and Operating Regulations may be amended from his Agreement and/or with the Bylaws and Operating ed to Plus System, Inc., MasterCard/Cirrus, etc.) and
SECTION D – ATM Operator	Completes Lines 27-31		** PLEASE PRINT CLEARLY**
27. Check Recipient Name (Name of person (or e should be made out )	entity) to whom the monthly commission check	28. Mailing/Billing Address (What address should your monthly commission check be mailed to)	
29. Corporate/Alternate Phone Number	30. Corporate/Alternate Fax Number	31. City, State, Zip	
SECTION E – ATM Operator	Identification (ISO Represe	ntative Completes Lines 32-35)	** PLEASE PRINT CLEARLY**
32. By signing below, I certify that the document u	used to identify this ATM Operator was provided to	o me and the above identification information is true and acc	curate and reflects the identity of this ATM Operator.
33. Signature of Sales Representative for ISO		Typed /Printed Name	Date
34. Name of Registered ISO / Sales Representati Cabe & Cato	ve for ISO	35. Processor Columbus Data Systems	
SECTION F – ATM Operator 36. Surcharge Amount	Completes Lines 37- 38 (IS 37. Terminal Phone Number	O Completes Lines 36- 49) 38. Terminal Manufacturer	** PLEASE PRINT CLEARLY** 39. Terminal Model
40. Terminal Serial Number (# inside the ATM)	41. Terminal ID Number	42. Does this terminal have a Certified Self Encrypting PIN PAD? Yes or No?	43. Encrypting PIN PAD (EPP) Serial Number
44. Is this terminal Triple DES compliant? Yes or No?	45. Is this a Scrip Terminal? Yes or No?	46. Software Version	47. Firmware Version
48. Activating Custodian (1)	1	49. Activating Custodian (2)	1
		1	
SIGNATURE OF ATM OPERATOR	SIGNATURE OF ISO	SIGNATURE OF BAN	K

This section is provided as a reference f	or completing the Merchant Application/ATM Operator A	greement.
	a refer to guartian 0 in the Marshant Application/ATM Or	perator Agreement. Your response in that field determines which
	equired to provide to complete due diligence.	berator Agreement. Four response in that held determines which
Financial Institution	Business Name, Physical Address,	
	FI#-FDIC-NCUA-ASI# [Required only for financial	
	Institutions]	
Public Entity /	Business Name, Physical Address, Tax ID#	Contact Name, Telephone Number
Non-Profit/		
Government Entity		
Sole Proprietor /	Business Name, Physical Address, Tax ID#	Principal Owner Full Name, Physical Home Address,
Partnership/		Social Security #, Date of Birth
Non-Public Corporation		
Public Corporation	Business Name, Physical Address, Tax ID#	Contact Name, Telephone Number
Merchant/ATM Operator	Information Needed	
Merchant or ATM Operator Business	Business Name	Complete Section A
Merchant or ATM Operator Business	Business Name Business dba Name	Complete Section A
Merchant or ATM Operator Business	Business dba Name Physical Address (No PO Box)	Complete Section A
Merchant or ATM Operator Business	Business dba Name Physical Address (No PO Box) Type of Ownership	Complete Section A
Merchant or ATM Operator Business	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID#	Complete Section A
	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI#	
Merchant or ATM Operator Business ATM Operator Principal	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name	Complete Section A Complete Section B
	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name Physical Address (No PO Box)	
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ATM Operator Principal	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth	Complete Section B
ATM Operator Principal Merchant – If a Merchant financially	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth ATM Operator – If an ATM Operator owns the ATM	Complete Section B Bank – Bank refers to MetaBank, the sponsor of the ATM
ATM Operator Principal Merchant – If a Merchant financially participates in the revenue generated	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth ATM Operator – If an ATM Operator owns the ATM placed in a location, and is also the ISO, the ATM	Complete Section B Bank – Bank refers to MetaBank, the sponsor of the ATM terminal and financial transactions on the ATM terminal that
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ATM Operator Principal Merchant – If a Merchant financially participates in the revenue generated from the transaction volume of an ATM, the Merchant completes Sections A, B, C and D of the Merchant Application/	Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth ATM Operator – If an ATM Operator owns the ATM placed in a location, and is also the ISO, the ATM	Complete Section B Bank – Bank refers to MetaBank, the sponsor of the ATM terminal and financial transactions on the ATM terminal that
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