

Conversion Plus Loaner Terminal Agreement

Check Center agrees to provide and maintain (directly and/or pursuant to manufacturer's maintenance contract) in the proper working condition, a point-of-sale terminal(s), to be located at your place of business. Said point-of-sale terminal(s) will enable your business or its qualified agents, representatives or employees, via telecommunication connection with Check Center, to use Check Center's payment authorization services. In consideration for supplying you with this point-of-sale terminal(s), you agree to make payment to Check Center by authorizing Check Center to initiate debit entries to your account in conformance with the language regarding payment contained in this agreement.

You acknowledge that said point-of-sale terminal(s), together with its related software, is and remains the property of Check Center, and will be furnished to your business for the duration of the Service Agreement, which governs the relationship between Check Center and you. You further acknowledge and understand that your store(s) shall be billed for the actual shipping charges incurred by Check Center as a result of providing this loaner terminal to your store(s).

The parties agree that the value of the point-of-sale terminal(s) provided to your business is \$900.00 each. If a FIP-11 is provided, the value of that item is \$250.00. The value of other peripherals including but not limited to Cables, Power Packs and splitters provided to your business is \$50.00 each. You agree to indemnify Check Center for loss or damage to any or all of the following: Point-of-sale Terminal(s), Cables, Power Packs or Splitters and to maintain in full force and effect adequate insurance coverage for said terminal(s) while in your possession. The parties further acknowledge and agree that this Agreement is separate and distinct from the Service Agreement which exists between the parties.

You have ten (10) days from the cancellation of your Service to return said point-of-sale terminal(s), peripherals and all other equipment or you will be responsible for the replacement fees, as noted above. YOUR STORE(S) further agrees that any and all replacement fees stemming from YOUR STORE(s)' failure to return the items indicated above within ten (10) days from cancellation may be debited from YOUR STORE(s)' bank account pursuant to the express authority granted to Check Center by YOUR STORE(S).

YOUR STORE(S) agrees to permit Check Center or Check Center's ACH agent to debit YOUR STORE(s)' designated bank account for the fees as noted above. By signing this Agreement, YOUR STORE(S) hereby authorizes Check Center to automatically debit the bank account listed below for all payments due under this Agreement. (Must also attach copy of voided check). YOUR STORE(S) agrees to pay a \$25.00 Returned Item Fee for any initial check or ACH debit which is not paid by YOUR STORE(s)' bank upon presentation and a \$35.00 fee for any subsequent dishonor. YOUR STORE(S) agrees that the Returned Item Fee may be debited from YOUR STORE(s)' bank account. If YOUR STORE(S) changes bank accounts, YOUR STORE(S) will provide Check Center with the new bank account information and authority to debit such new account prior to implementing any such bank change.

| Financial Institution Name | Financial Institution Routing Number (ABA#): Indicates number located at the bottom of your check. For Example: A1211000A01000008C100 | | | | |
|--------------------------------------|---|---------|-----------|--|--|
| Financial Institution Street Address | | | | | |
| City | State | | Zip Code | | |
| Branch Location | Checking Account Number | | | | |
| | | | | | |
| Signature | | Date | | | |
| Printed Name | | Store # | | | |
| For Office Use Only: | | | | | |
| Number of Terminals @ | | | | | |
| Terminal Model: | | | | | |
| Terminal Serial No: | | | | | |
| <u> </u> | Processed By: | | | | |
| Legal Name: | | | | | |
| Business Address:Email Address: | City: | State: | Zip Code: | | |

ONLY IF IN INVENTORY

Updated: 7/22/2009 ECCLTA



LOANER CHECK EQUIPMENT SHIPPING REQUEST

| Date: | | Store #: | Sales Office: | | | | |
|---|-------------------------------|--------------------------|---------------------------|------------------|--|--|--|
| Requestor Name: | | | | Extension: | | | |
| DBA: | | | | | | | |
| Contact Name for Install: | | | | Phone #: | | | |
| Contact Name for Delivery: | | | Phone #: | | | | |
| Street Address: | | | | | | | |
| City / State / Zip: | | | | Ship To: | | | |
| Service Type: Product: | | | | | | | |
| Current equipment to w | hich loaner will c | onnect: | | | | | |
| Terminal Ba | PC Based | | | | | | |
| PABX: Connection: | Contact has Admin Rights: | | | | | | |
| Phone Lines: | USB or Serial Port Available: | | | | | | |
| Dedicated Phone Line: O/S: IE Version: | | | | | | | |
| | | | | | | | |
| # of Terminals: | # of Imagers: # of Checkre | | | | | | |
| Replacement Asset Tag #: New Request Additional Equipment Replacement | | | | | | | |
| Equipment Classification Requested: | | | | | | | |
| ++++++++++++++++++++++++++++++++++++++ | | | | | | | |
| Equipment Type | Serial # | | | Asset # | | | |
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| | | | | | | | |
| Power Supply: | Qty: | Power Supply: | | Qty: | | | |
| Data Cable: | Qtv: | Data Cable: | | Qtv: | | | |
| Programmed by: | | | | | | | |
| ++++++++++++ | +++++++ Shippi | ng Information | ++++++ | +++++++++++++ | | | |
| All equipme | nt will be shipped the follo | owing day after shipping | | een received. | | | |
| 0 | | | | | | | |
| Overnight by 10:30a: Overnight by 3:00p: | □ VP: □ VP: | Saturday | Delivery: 3 – 4 days): | □ VP: □ VP: | | | |
| Second Day: | □ VP: | | 2 – 4 days): | | | | |
| Special Order: | EVP: | • | | | | | |
| RSL: | (# of term/rdrs: | # of Pwr Spl | ys: | # of Data Cbls:) | | | |
| FedEx Account # for Billing: | | | | | | | |
| E-mail Confirmation to: | | | | | | | |
| VP / FVP Approval: | | (| Quality Inspe | ection: | | | |

Only Required Based On Shipping Method Selected