

MERCHANT PROCESSING APPLICATION AND AGREEMENT



Sales Office: NAPS Print Sales Rep Name: Alison West Sales ID# _____
 Merchant Number: _____ Sales Rep. Signature: Alison West Phone #: 802-229-4158 Page 1 of 4

I. BUSINESS INFORMATION			
Client's Business Name (Doing Business As): <u>The Knitting Studio</u>		Client's Corporate/Legal Name (Use Also For Headquarter's Information): <u>Youngman Roth LLC</u>	
Business Address: <u>112 Main St</u>		Billing Address (If Different Than Location Address): <u>112 Main St.</u>	
City: <u>Montpelier</u>	State: <u>VT</u>	Zip: <u>05602</u>	Contact Name: <u>Lee Youngman</u>
Location Phone #: <u>802-229-2444</u>	Location Fax #:	Contact Fax # / E-mail Address: <u>lee@yarnvt.com</u>	
Business E-mail Address: <u>lee@yarnvt.com</u>		Contact Phone #: <u>802-229-2444</u>	
Business Website Address: <u>YarnVT.com</u>		Send Federal Requests to: <input checked="" type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location	
Customer Service Phone #: <u>802-229-2444</u>	Customer Service E-mail Address: <u>lee@yarnvt.com</u>	Send Merchant Monthly Statement to: <input checked="" type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location	
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____	
<input type="checkbox"/> CORPORATION - CHAPTER 5, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____	
<input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: <u>VT</u>		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
Name (as it appears on your income tax return): <u>Lee Youngman</u>		FEDERAL TAX ID # (as it appears on your income tax return): <u>26-2959418</u>	
<input type="checkbox"/> I certify that I am a foreign entity/resident alien. (If checked, please attach IRS Form W-8.)			

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

*SEC/MCC: 0949 IATA/ARC: _____ (MCC 4722 Only)

Note: If your business is classified as High Risk and assigned (or is later assigned) based upon your business activity any of the following Merchant Category Codes (MCC): 5962, 5967 and 7911, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$50 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations.
 *Registration for MCC 7911 is only required for non-face-to-face adult content.
 *Information herein, including applicable MCCs, is subject to change.

Detailed Explanation of Type of Merchandise, Products or Services Sold:
Yarn / Knitting

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input checked="" type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: <u>4</u></p> <p>4. How many registers / Terminals: <u>1</u></p> <p>5. Is proper license visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input checked="" type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, % of deposit required: _____ %</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input checked="" type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>13. Do you have a refund policy for MC/Visa/Discover Network/American Express Sales? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/Visa/Discover Network/American Express Credit. If MC/Visa/Discover Network/American Express Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input checked="" type="checkbox"/> Over 14</p>	<p>14. Advertising Method (Attach at least one): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other Marketing Materials required for Mail Order, 8 to 8, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</p> <p>15. Previous Processor: <u>VT State Employee Credit Union</u></p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>Mail / Telephone Order / Business to Business / Internet Information (All Questions must be Answered)</p> <p>1. What % of total sales represent business to business (vs business to consumer): Business to Business _____ % + Business to Consumer <u>100</u> % = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer): Business to Business _____ % + Business to Consumer <u>100</u> % = 100% (total sales)</p> <p>3. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days <u>100</u> % + 8-14 days _____ % + 15-30 days _____ % + over 30 days _____ % = 100%</p> <p>4. MC/Visa/Discover Network/American Express sales are deposited (check one): <input checked="" type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other. If vendor, add Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary): <u>I mail merchandise + bring to post office. I do not charge to customer until I have merchandise.</u></p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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DBA Name: The Knitting Studio

Merchant #: 5847035301023A2

NAPS1707(b)		3. COMPANY HISTORY				NAPS1881(b)	
Date Business Started: <u>2008</u>		Prior Bankruptcies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and/or <input type="checkbox"/> Personal					
4. OWNERS / PARTNERS / OFFICERS							
OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: (First, MI, Last) <u>Lee Youngman</u>		% Ownership: <u>100</u>		Name: (First, MI, Last)		% Ownership:	
Title: <u>Owner</u>				Title:			
Home Address: (No P.O. Box) <u>57 Manning Rd</u>				Home Address: (No P.O. Box)			
City: <u>East Burke</u>		State: <u>VT</u>		City:		State:	
Zip: <u>05641</u>		Country: <u>USA</u>		Zip:		Country:	
Telephone #: <u>802-793-2408</u>		Social Security #: <u>003 42 6183</u>		Telephone #:		Social Security #:	
D.O.B.: <u>8/2/62</u>		DL #: <u>81573930</u>		D.O.B.:		DL #:	
State: <u>VT</u>				State:			
5. SETTLEMENT INFORMATION							
Deposit Bank: <u>VT State Employees Credit Union</u>				Bank Contact:			
Transit / ABA #: <u>211691185</u>				Deposit Account #: <u>100480100</u>			
ACH Detail Flag: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate (defaults to Combined if option not selected)							
6. EQUIPMENT/THIRD PARTY INFORMATION							
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North <input type="checkbox"/> Nashville <input type="checkbox"/> Snybase							
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, identify the Third Party Processor used: <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Yahoo <input type="checkbox"/> 02 Authorizetel <input type="checkbox"/> 03 Cybersource <input type="checkbox"/> 04 Verifone <input type="checkbox"/> 05 Merchant Unit <input type="checkbox"/> 06 Shift 4 <input type="checkbox"/> 07 Apriva <input type="checkbox"/> 08 FIS <input type="checkbox"/> 09 Sbr Payment Services Corp <input type="checkbox"/> 10 Verisign <input type="checkbox"/> 99 Other (please specify)							
INTERNET GATEWAY: <input type="checkbox"/> First Data Global Gateway <input type="checkbox"/> Other:							
Wireless Network:							
PC/Internet Software		Quantity		<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
Terminal Model		Quantity		<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
Printer Model		Quantity		<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
PIN Pad		Quantity		<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing			
LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Mos. Annual Tax Handling Fee: 10.20							
Total Monthly Lease Charge: \$ _____ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details.							
This is a non-assignable lease for the full term indicated.							
Address		City		State		Zip	
						Attention:	
7. GRID INFORMATION - INTERNAL USE ONLY							
AUTHORIZATION GRID ID: _____		USER DEFINED GRID ID: _____		MFC GRID ID: _____		Spec. Alphanumeric	
MC CREDIT TIERED GRID ID _____ Spec. Alphanumeric		VISA CREDIT TIERED GRID ID _____ Spec. Alphanumeric		DISCOVER NETWORK CREDIT TIERED GRID ID _____ Spec. Alphanumeric		AMERICAN EXPRESS CREDIT TIERED GRID ID _____ Spec. Alphanumeric	
MC DEBIT TIERED GRID ID _____ Spec. Alphanumeric		VISA DEBIT TIERED GRID ID _____ Spec. Alphanumeric		DISCOVER NETWORK DEBIT TIERED GRID ID _____ Spec. Alphanumeric			
MC CREDIT MPG ID _____ Spec. Alphanumeric		VISA CREDIT MPG ID _____ Spec. Alphanumeric		DISCOVER NETWORK CREDIT MPG ID _____ Spec. Alphanumeric		AMERICAN EXPRESS CREDIT MPG ID _____ Spec. Alphanumeric	
MC DEBIT MPG ID _____ Spec. Alphanumeric		VISA DEBIT MPG ID _____ Spec. Alphanumeric		DISCOVER NETWORK DEBIT MPG ID _____ Spec. Alphanumeric			
8. TRANSACTION INFORMATION							
FINANCIAL DATA						WHERE IS SALE TRANSACTED? (Select = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) <u>\$ 150,000</u>		Avg. MC/Visa/Discover Network Ticket (Estimate if Never Processed in Past) <u>\$ 42</u>		Store Front/Swiped <u>100</u> %		Internet <u>0</u> %	
Average YEARLY MC/Visa Volume <u>\$ 140,000</u>		Avg. American Express Ticket (Estimate if Never Processed in Past) <u>\$ 00</u>		Mail Order <u>0</u> %		Telephone Order <u>0</u> %	
Average YEARLY American Express Volume <u>\$ 00</u>		Highest Ticket Amount <u>\$ 100.00</u>		Total <u>100</u> %			
Average YEARLY Discover Network Volume <u>\$ 10,000</u>							
Seasonal? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: <u>October - January</u>							
9. SERVICE FEE SCHEDULE							
Accept all MasterCard, Visa, Discover Network and American Express Transactions (provided, unless any selections below are checked)							
<input checked="" type="checkbox"/> MasterCard		<input checked="" type="checkbox"/> Visa		<input checked="" type="checkbox"/> Discover Network		<input checked="" type="checkbox"/> American Express	
<input type="checkbox"/> MC Credit Transactions		<input type="checkbox"/> Visa Credit Transactions		<input type="checkbox"/> Discover Network Credit Transactions		<input type="checkbox"/> American Express Credit Transactions	
<input type="checkbox"/> MC Non-PIN Debit Trans.		<input type="checkbox"/> Visa Non-PIN Debit Trans.		<input type="checkbox"/> Discover Network Non-PIN Debit Trans.			
See Section 1.8 of the Program Guide for details regarding limited acceptance.							
<input checked="" type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Monthly							

Merchant Initials: [Signature]

9. SERVICE FEE SCHEDULE (cont'd)

Table with columns for Discount, Non-Qual Fees, and various card types (MC Qual Credit, Visa Qual Credit, Discover Network Qual Credit, American Express Qual Credit). Includes sections for Pass Through Interchange, PIN Debit, and First Data Global Gateway e4 (GGE4) fees.

WEX: Other Item Rate \$ (per item) Voyager: Qual % Other Item Rate \$ (per item)

10. SIGNATURE(S)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide and Confirmation Page, which is part of this Merchant Processing Application...

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and all other information and to disclose such information amongst each other for any purpose permitted by law...

As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("ATRS") and ATR's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law...

I understand that upon ATR's approval of the Application, as applicable, the entity will be provided with the Agreement and materials welcoming it to ATR's Card acceptance program.

Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5301 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 588 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalty of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.

Client's Business Principal/Officer
Signature X [Signature] Title [Title]
Print Name of Signer Lee Youngman Date 9/2/15
Signature X [Signature] Title [Title]
Print Name of Signer [Name] Date [Date]

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its financial institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after received in writing.

Signature X [Signature] Print Name/Title: [Name] Date: [Date]
Authorized Signature on TeleCheck Account for ACH

Personal Guarantee: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A. and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, under the Equipment Lease Agreement and/or the TeleCheck/ATRS Services Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature X [Signature] Print Name: [Name] Date: [Date]
Personal Guarantee Signature X [Signature] Print Name: Lee Youngman Date: 9/2/15

Accepted By First Data Merchant Services Corporation Wells Fargo Bank, N.A., 1200 Montego, Walnut Creek, CA 94588

Signature X [Signature] Signature X [Signature]
Title [Title] Title [Title]
Date [Date] Date [Date]

PART I: CONFIRMATION PAGE

PROCESSOR INFORMATION: Name: First Data Merchant Services

Address: 1307 Walt Whitman Road, Melville, NY 11747

URL: _____

Customer Service #: 1-800-858-1166

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).**
2. **We may debit your bank account (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.**
3. **There are many reasons why a Chargeback may occur. When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide or see the applicable provisions of the TeleCheck Services Agreement.**
4. **If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.**
5. **The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 21, 28.7, 31.3, and 33.10 of the Card General Terms; or Section 1.14 of the TeleCheck Services Agreement.**

4. **We have assumed certain risks by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.6), under certain circumstances.**
7. **By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.**
8. **The Agreement contains a provision that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1 of the TeleCheck Services Agreement.**
9. **If you lease equipment from Processor, it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**

10. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the Agreement.
- c) The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply, but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization Rules and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <http://usa.visa.com/merchants/regulations/regulations.html>
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/merchants/regulations.html>

Print Client's Business Legal Name: Youngman Roth LLC

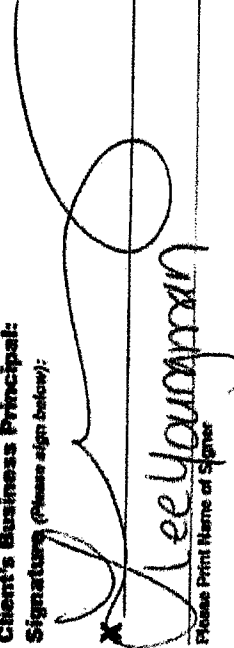
By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions (version NAPS1707(is)) consisting of 52 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):


Please Print Name of Signer: Lee Youngman

Owner

Title

9/2/15
Date