Heartland PAYMENT SYSTEMS

Merchant Services 1-888-963-3600 **One Heartland Way, Jeffersonville IN 47130**

Relationship Manager: Heartland School Solutions

Phone #: 800-256-8224 Fax #: 800-256-8232

AM: Charles Anderson Phone#:

X New Merchant ☐ Additional Location Chain #:

☐ New Owner/Existing HPS MID #:

Bank/Assn/VAR/RSP Affiliate Code: NUTRIKID Name of Affiliate: mySchoolBucks

Note: White Out is Not Acceptable on Merchant Applications

Lead Generator ID#:

COMPANY INFORMATION

MERCHANT DBA NAME: San Leandro Unified School District Store # 12 # of Locations: 12

Address: 14735 Juniper Street Customer Service No. For Lodging, Car Rental, MOTO Merchant

City: San Leandro ST: CA Zip: 94579

DBA Phone 510-667-3504 Fax:

Primary Contact Name: Song Chin-Bendib Phone #: 510-667-3504 ☒ DBA ☐ Home ☐ Cell

Secondary Contact Name: Rais Abassi Phone #: 510-667-3501 ☒ DBA ☐ Home ☐ Cell

Email Address: charles.anderson@e-hps.com (Required for Merchant Center and Statement Email Notification) Website Address:

LEGAL OR CORPORATE NAME: San Leandro Unified School District (Please complete — must correspond with IRS filing name) Federal Tax ID/EIN: (must correspond with legal name)

Address: 14735 Juniper Street City: San Leandro ST: CA Zip: 94579 Phone: 510-667-3504

CORPORATE HEADQUARTERS/MANAGEMENT COMPANY NAME: (If Management Company; please provide a copy of the Management Agreement) Phone:

Address: City: ST: Zip: Fax:

FEE SCHEDULE:

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP
VISA	%	$1.95		
MasterCard	%	$1.95	¢	¢
Discover / JCB	%	$1.95		
GSBN	%		¢	¢
PIN Debit			¢	¢
American Express	%	¢	n/a ¢	n/a ¢

Annual Volume $ 155,844 Average Ticket $ 45

Application Processing Fee (Non-Refundable)	Fee Amount	Bill RM	Bill Merchant
	$ n/a	$ n/a	$ n/a

☐ Interchange Plus ☐ Convenience fee (Pass Thru/Single Transaction)

☐ On-Campus ☐ Off-Campus

Plus Applicable Debit Network Fees

+.30bp Applies to Card Not Present (Retail & Restaurant Only) Annual Vol: $ Avg. Ticket: $

☐ OnePoint ☐ ESA

American Express SE #: American Express Franchise Name: Franchise CAP #:

ESA Only: ☐ Flat Fee - $7.95 ☐ Monthly Gross (.03% if 100k +) **or** ☐ Daily Gross Pay ☐ MO/TO/Internet Flat Fee $7.95

By signing this Agreement, 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 Heartland Payment Systems, Inc. and American Express Travel Related Services Company, Inc. ("AXP") and AXP'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, and disclosing such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct HPS and AXP and AXP agents and Affiliates to inform me directly, or though the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be sent a copy of the Agreement and materials welcoming it, either to AXP's program for HPS to perform services for AXP or AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the OnePoint program that the entity may be enrolled in American Express's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

☐ **SMP** Annual VI/MC/DS MAP/GSBN sales volume $50,000 or less. (If annual VI/MC/DS MAP/GSBN volume exceeds $50,000 annually, 0.50% will be added to the Monthly & Per Item Fees.)

☐ **ASMP** HPS reserves the right to change the monthly fee if processing volume is not consistent with volume listed on this application.

Fee: $ ☐ Monthly ☐ Installment Billing — Circle Months ☐J ☐F ☐M ☐A ☐M ☐J ☐J ☐A ☐S ☐O ☐N ☐D ☐ Annual Fee

Note: Interchange, DPI and Dues and Assessments and Fees will be passed through. Also, this monthly fee will be titled as "Service & Regulatory Mandate Fee" on your monthly statements.

ADDITIONAL SERVICES	Monthly Fee	Txn Fee Dial	Txn Fee IP	RECURRING FEES		SETTLEMENT
Gateway	$	¢	¢	Minimum Discount Fee	$ 0	☐ Daily/Split
Wireless (Per Wireless Terminal)	$			Service & Regulatory Mandate Fee	$ 0	■ Daily/Net
Merchant Link ☐		$0.0595	$0.039	Annual Fee	$ 0	
Petroleum/Fleet		¢		Chargeback Fee	$ 0	☐ Monthly Disc Fee 5 bp
EBT (PIN Debit required for EBT)		¢		Voice Auth Fee	$ 0	

EBT State Required 7-Digit FNS/FCS/CA/AO#:	EBT Programs: ☐ Food Stamps & Cash Benefits ☐ Food Stamps Only ☐ Cash Benefits Only		
(Note: FNS/FCS are not required for Cash Benefits only Setup)	State Provided Terminal: ☐ Yes ☐ No	Terminal Type:	Serial #:

INTERCHANGE QUALIFICATION

☐ Interchange Plus	☒ MOTO / Internet	☐ Purchase Card Level ☐[2] ☐[3]	☐ Small Ticket / M3
☒ Retail	☐ Emerging Market	☐ GSA Large Ticket	☐ DialPay / TT
☐ Restaurant	☐ Automated Fuel (AFD)	☐ Convenience	
☐ Lodging / Car Rental	☐ Service Station (NFD)	☐ Small Ticket / Convenience Purchase	

CARD ACCEPTANCE	DEPOSIT METHOD	STATEMENT OPTIONS		DISPUTE LETTERS	
		Statement Type	Mail Statements To:	Mailing Options:	Electronic Options*:
☒ All Cards Accepted	☒ Standard	☒ Standard	☐ Legal		
☐ Credit/Business Cards Only	☐ By Batch	☐ Non-Qual Breakout	☐ DBA	☒ Legal	☐ Fax
☐ Consumer Prepaid/Debit (Check Cards) Only	☐ By Card Type	☐ By Card Type	☒ Suppressed Statements	☐ DBA	☒ Email
		☐ Chain Recap Summary	☐ All Electronic Communications	*Select mail option as back-up.	

MERCHANT DETAIL

Type of Business (Required): ■ Public ☐ Private

Type of Ownership: ☐ Sole Proprietorship* ☐ Partnership ☐ Corporation ☐ L.L.C.** ☐ Non-Profit ☐ Government / Municipality

*If business is owned by a Sole Proprietor is the Federal Tax ID the signers SSN: ☐ Yes ☒ No

**IRS reporting classification for LLC: ☐ Disregarded Entity (aka Single Member LLC) ☐ Corporation ☐ Partnership

Date Business Started: 1 / 1 / 1 Date Acquired by Current Owner: ___/___/___ What percentage of sales are *Chargebacks?* ___ %

Do you currently accept Credit Cards: ☐ Yes ☐ No Date began accepting Credit Cards: ___/___/___ What percentage of sales are *Returned?* ___ %

Current Processor: ___ Current MID: ___

Has your business experienced a cardholder account data compromise or been involved in a PCI Compliance investigation? ☐ Yes ■ No

If yes, what was the date of the compromise: ___/___/___ (copy of the completed forensic investigation is required with the app)

Are you currently in contract or negotiating with a Third Party Lender: ☐ Yes ☒ No Contract Start Date: ___/___/___ Length of Contract Term: ___ Loan Balance: ___

Do you accept credit card information via website: ☒ Yes ☐ No If so, will web-based transactions be processed through HPS: ☒ Yes ☐ No

Please provide the name of the payment processor utilized for web based transactions if not HPS: ___

Does your company utilize a Data Storage Entity or Merchant Servicer that has access to cardholder data (i.e., Payment gateway or data storage, etc.)? ☐ Yes ☒ No

Does your company provide third party services for any other company to store, process or transmit cardholder data? ☐ Yes ☒ No For additional information, go to: www.HeartlandPaymentSystems.com/Resources

Are you a Payment Facilitator / Payment Service Provider? ☐ Yes ☒ No

Home-Based Business: ☐ Yes ☒ No Business is conducted: Consumer 100 % Business to Business: ___%

What Products and / or services do you provide: Payments for school lunch and activity fees

Define your Refund Policy (Refunds made via credit card must be applied to the card used at the time of sale.) Managed by Heartland School Solutions

How soon is the Customer's card charged immediately upon request Do you obtain a signature for receipt of product? ☐ Yes ☒ No

What is the verification process when selling age-restricted products (tobacco/alcohol)? Not applicable (Public School District)

Seasonal Merchant: ☐ Yes ☒ No If yes, circle months open ☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D

Sales Method		Processing Method		Future Delivery*	
On Premise Face to Face Sales	%	Card Swiped	%	2 – 5 Days	%
Off Premise Face to Face Sales	%	Keyed with Imprinted Receipt	%	6 – 10 Days	%
Mail Order Sales	%	Keyed without Imprinted Receipt	100 %	11 – 30 Days	%
Real-Time Internet Sales	%	**Total = 100%**		31 – 60 Days	%
Inbound Telephone Order Sales	%	**MOTO Card Type**		61 – 90 Days	%
Outbound Telephone Order Sales	%	Percent of Domestic Transactions	100 %	91 – 120 Days	%
Internet Keyed	100 %	Percent of Foreign Transactions	%	> 120 Days	%
Recurring Billing	%	**Total = 100%**			
Total = 100%		Percent of Gift Card Sales	%	**If Applicable Total = 100%**	

*Includes advance reservations, deposits accepted for ordered merchandise shipped after payment, and services provided after payment including memberships and subscriptions. If 100% of the product and / or service are NOT delivered (not including mail time) within 24 hrs of the time of sale, please provide the following: **What percentage of your Bankcard volume is future delivery? 0 %**

Golf Questionnaire: ___% Public ___% Private ___% Memberships ___% Pro-Shop ___% Restaurant / Other

Salon with Spa Services: ___% Hair/Nails/Facials ___% Massages ___% Spa Packages Massage therapist state certified: ☐ Yes ☐ No

Lodging / Resort Questionnaire: ___% Lodging ___% Meeting/Catering ___% Other (golf etc.)

Note: The following is Required for all lodging merchants accepting reservations via an Internet Website:

☐ My business processes an authorization and / or charges the deposit prior to the guest's arrival

☐ My business does not process an authorization and / or charge a deposit; however, we retain card information for use in the event of a NO SHOW.

OWNERS / OFFICERS

☐ Owner ☒ Officer

(1) Name: Song Chin-Bendib Title: Associate Superintendent SSN: ___ / N/A / ___ DOB (mm/dd/yyyy): N/A

Home Address ___ City: ___ ST: ___ Zip: ___

Home Phone: ( ) 510-667-3504 Cell Phone: ( ) N/A

Drivers License #: N/A Length at Home Address: N/A Business Equity Ownership: N/A %

☐ Owner ☒ Officer

(2) Name: Rais Abassi Title: Director of Business Services SSN: ___ / N/A / ___ DOB (mm/dd/yyyy): N/A

Home Address: ___ City: ___ ST: ___ Zip: ___

Home Phone: ( ) 510-667-3501 Cell Phone: ( ) N/A

Drivers License #: N/A Length at Home Address: N/A Business Equity Ownership: N/A %

PERSONAL GUARANTY

FOR VALUE RECEIVED, and in consideration of the mutual understandings contained in the Merchant Processing Agreement (the "Agreement") Terms and Conditions by and between the Merchant submitting this Application ("Merchant") and ("Acquirer"), the undersigned jointly and severally, if more than one, unconditionally and irrevocably guarantee to Acquirer and their successors and assigns the full and prompt payment when due of all obligations of every kind and nature arising directly or indirectly out of the Agreement. The undersigned (does/do) hereby certify that (he/she/they) (has/have) read, understand(s) and agree(s) to all Merchant Processing Agreement Terms and Conditions and specifically those that relate to the personal guaranties.

Merchant and the undersigned authorize Acquirer, any credit bureau or reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements, or data provided by Merchant or the undersigned for purposes of this Application.

X ___ Date ___ X ___ Date ___

(1) Personal Guarantor (signature) (2) Personal Guarantor (signature)

DEBIT / CREDIT AUTHORIZATION

Merchant certifies that any starter check provided is for a business account in good standing and that the Business name on the below checking account is the same as the Business name on the enclosed Heartland Payment Systems Merchant Application. In addition, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings account. This authority shall remain in full force until (a) Acquirer has received written notification from Merchant of its termination; and (b) all obligations of Merchant to Acquirer under this Agreement have been paid in full.

If the Merchant processes Petro transactions and deposits are made directly to a Fuel Supplier, name Supply Company: ___

Depository Bank Name: US Bank Phone: (415) 6773558

City: San Francisco ST: CA Zip: 94111

ACCOUNT TYPE (check one)	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER
■ Checking ☐ Savings ☐ GL FUNDS TRANSFER METHOD ☐ Deposits ☐ Fees ☐ Both	5 4 1 2 1 0 0 3 2	1 5 3 4 5 4 7 4 6 8 2 4
ACCOUNT TYPE (check one)	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER
☐ Checking ☐ Savings ☐ GL FUNDS TRANSFER METHOD ☐ Deposits ☐ Fees ☐ Both		

AGREEMENT ACCEPTANCE, CERTIFICATION AND CONSUMER REPORT AUTHORIZATION

Have you or your company ever filed for Bankruptcy: ☒ **No** ☐ **Yes** **Type:** ☐ **Personal** ☒ **Business** **Date Filed:** ___/___/___

Do you support the Merchant Bill of Rights ☐ Yes ☐ No Do you permit HPS to list you as a supporter: ☐ Yes ☐ No

Merchant authorizes HPS, any credit bureau or reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of this Application. I further certify that I have received, read, understand and agree to the Merchant Processing Agreement Terms and Conditions which together with this application shall constitute the agreement(s) between the parties.

I further certify that this business or any Owner/Officer has never been terminated as a Visa, MasterCard, American Express or Discover Merchant.

X ___ Song Chin-Bendib, Associate Superintendent 04/22/2014

(1) Owner / Officer / Authorized Signer — Print Name & Title — Date

X ___

(2) Owner / Officer / Authorized Signer — Print Name & Title — Date

X ___

Name — Witness Signature — Date

THE TERM OF THIS AGREEMENT IS THREE (3) YEARS

HPS OFFICIAL USE ONLY

Application Approved By: ___ **Title:** ___ **Date:** ___/___/___

Bank Sponsors

Heartland Payment Systems utilizes multiple Bank Sponsors when settling funds to merchants bank. At the time of this signing a Sponsor Bank has not been assigned. During the enrollment process a Sponsor Bank will be assigned and notification of that sponsor will be identified in the Terms and Conditions that are included in the Welcome Kit that will be sent at a later date.

Sponsor Banks:

Barclay Bank
125 South West Street
Wilmington, DE 19801
Phone #: 1 (302) 622-8990

The Bancorp Bank
409 Silverside Road, Suite 105
Wilmington, DE 19809
Phone #: 1 (302) 385-5000

Wells Fargo Bank, N.A.
1200 Montego
Walnut Creek, CA 94598
Phone #: 1 (925) 746-4167

Debit Card Sponsor:

Bay Bank, FSB
7151 Columbia Gateway Drive
Suite A
Columbia, MD 21046

Changes are made periodically to the Terms and Conditions dependent on Card Association mandates. Review of current Terms & Conditions can be found by logging into the HPS Merchant Center at www.HeartlandMerchantCenter.com

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