



ACTIVE Network Merchant Service Application

COMPANY INFORMATION

9TD-ANAN AFFILIATE NAME / NUMBER	181215 PRICING CHAIN	HSC ENTERPRISE RM NAME	HSC ENTERPRISE RM PHONE
ACTIVE ACCOUNT REPRESENTATIVE NAME	ACTIVE ACCOUNT REPRESENTATIVE EMAIL merchant.services@activenetwork.com	NUMBER OF LOCATIONS	STORE NUMBER
City of Chandler MERCHANT DBA NAME	PRIMARY CONTACT INTERNAL NAME	1800-663-4991 PRIMARY CONTACT PHONE	AUTHORIZED TO PURCHASE: ☐ Yes ☐ No
175 S. Arizona Ave., Chandler, AZ 85225 DBA ADDRESS	Kristi Smith DBA CITY / STATE / ZIP	480-782-2332 DBA PHONE NUMBER	MERCHANT WEBSITE ADDRESS
City of Chandler LEGAL NAME (MUST CORRESPOND WITH IRS FILING NAME)	Tamara Sharp SECONDARY CONTACT INTERNAL NAME	N/A SECONDARY CONTACT PHONE	AUTHORIZED TO PURCHASE: ☐ Yes ☒ No
175 S. Arizona Ave. LEGAL ADDRESS	Chandler, AZ 85225 LEGAL CITY / STATE / ZIP	480-782-2332 LEGAL PHONE NUMBER	86 600238 MERCHANT FEDERAL TAX ID / EIN
ACTIVE Network, LLC HEADQUARTERS / MANAGEMENT COMPANY NAME (IF MANAGEMENT COMPANY, PROVIDE COPY OF MANAGEMENT AGREEMENT.)		464960154 ACTIVE FEDERAL TAX ID / EIN	
10 Glenlake Pkwy NE, N Tower HEADQUARTERS ADDRESS	Atlanta, GA. 30328 HEADQUARTERS CITY/STATE/ZIP	N/A HEADQUARTERS PHONE	
Tamara.Sharp@activenetwork.com EMAIL ADDRESS (INFOCENTRAL ADMIN USER EMAIL ADDRESS)		Tamara EMAIL CONTACT FIRST NAME	Sharp EMAIL CONTACT LAST NAME

MEMBER SPONSOR BANK DISCLOSURE INFORMATION

Merchant Services Provider Contact Information: ACTIVE Network LLC ("ACTIVE"); 5850 Granite Parkway, Suite 1200 Plano, TX 75024; (469) 291-0300 - Application Inquiries: Contact your Account Representative

MEMBER SPONSOR BANK (ACQUIRER) INFORMATION

Wells Fargo Bank, N.A. - P.O. Box 6079 - Concord, CA 94524

MERCHANT RESOURCES

1. You may download Visa Regulations from Visa's website at: <http://usa.visa.com>
2. You may download Mastercard Rules from Mastercard's website at: <http://Mastercard.com>
3. You may download additional merchant information from Discover at: <http://www.discovernetwork.com/merchants/index.html>

IMPORTANT MERCHANT RESPONSIBILITIES

1. Merchant must ensure compliance with cardholder data security and storage requirements.
2. Merchant must maintain fraud and chargeback below thresholds.
3. Merchant must review and understand the terms of the Heartland Merchant Processing Agreement.
4. Merchant must comply with the Card Brands Operating Regulations.
5. Merchant must retain a signed copy of this Disclosure Page.

Note: Merchant is responsible for providing accurate and up-to-date information. Merchant must notify ACTIVE Network of any changes that occur to the information provided on this form, or any changes in processing expectations (estimated volume, transaction price, future delivery, chargeback rate, refund rate, refund policy, etc.); not doing so could put Merchant in Breach of the Merchant Agreement.

Note: The responsibilities listed above do not supersede terms of the Merchant Processing Agreement and are provided to ensure the merchant understands some important obligations of each party and that the Member Sponsor Bank is the ultimate authority should the merchant have any problems.

IMPORTANT (ACQUIRER) RESPONSIBILITIES

1. The Member Sponsor Bank is the only entity approved to extend acceptance of Card Brand products directly to a Merchant.
2. The Member Sponsor Bank must be a principal (signer) to the Merchant Processing Agreement.
3. The Member Sponsor Bank is responsible for educating Merchants on pertinent Card Brand Operating Regulations with which Merchants must comply.
4. The Member Sponsor Bank is responsible for and must settle funds with the Merchant.
5. The Member Sponsor Bank is responsible for all funds held in reserve that are derived from settlement.

ACKNOWLEDGEMENT

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

X

OWNER/OFFICER SIGNATURE

PRINT NAME & TITLE

EMAIL

DATE

CARD FEE SCHEDULE

\$

ANNUAL CARD VOLUME

\$

AVERAGE TICKET
CARD PROCESSING☐ Cost Plus☐ See Pricing Schedule Attached**INTERCHANGE QUALIFICATION**☒ MOTO / INTERNET**DEPOSIT METHOD**☒ Standard**CARD ACCEPTANCE**☒ All Cards Accepted**STATEMENT OPTIONS****STATEMENT TYPE**☒ Standard**MAIL STATEMENTS TO**☒ Suppress Statements**DISPUTE LETTERS****MAILING OPTIONS**☒ Legal**ELECTRONIC OPTIONS***☒ Email

ALL ELECTRONIC COMMUNICATIONS: PREFERRED EMAIL ADDRESS: merchant.services@activenetwork.com

MERCHANT DETAIL**TYPE OF BUSINESS:**☐ Private☐ Public:

TICKER SYMBOL: _____

TYPE OF OWNERSHIP:☐ Corporation☐ LLC☐ Government☐ Non-Profit**IRS REPORTING CLASSIFICATION FOR LLC:**☐ Corporation☐ Partnership☐ Disregarded Entity
(Single Member LLC)**BUSINESS IS CONDUCTED:**

CONSUMER: 100%

BUSINESS TO BUSINESS: 0%

DATE BUSINESS STARTED

DATE ACQUIRED BY
CURRENT OWNER

PRODUCT / SERVICES PROVIDED

HOW SOON IS THE CUSTOMER'S CARD
CHARGEDWHAT PERCENTAGE OF SALES
ARE CHARGEBACKSWHAT PERCENTAGE OF
SALES ARE RETURNS

DEFINE CARD REFUND POLICY

(Refunds made via credit card must be applied to the card used at the time of sale.)

IS CREDIT CARD INFORMATION
PROCESSED VIA WEBSITE:☒ Yes ☐ NoARE WEB-BASED SALES
PROCESSED THROUGH ACTIVE:☒ Yes ☐ No

N/A

IF NOT, PROVIDE NAME OF PAYMENT PROCESSOR UTILIZED FOR WEB-BASED TRANSACTIONS

SEASONAL MERCHANT: ☐ Yes ☐ No IF YES, SELECT MONTHS OPEN: ☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D**SALES METHOD**

On Premise Face to Face Sales:

10%

Off Premise Face to Face Sales:

%

Mail Order Sales:

%

Real-Time Internet Sales:

90%

Inbound Telephone Order Sales:

%

Outbound Telephone Order Sales:

%

Internet (keyed) :

%

Recurring Billing:

%

TOTAL = 100%

PROCESSING METHOD

Card Swiped:

10%

Keyed with Imprinted Receipt:

%

Keyed without Imprinted Receipt:

90%

TOTAL = 100%

FUTURE DELIVERY (FD)*

2 – 5 Days:

%

6 – 10 Day:

%

11 – 30 Days:

%

31 – 60 Days:

%

61 – 90 Days:

%

91 – 120 Days:

%

> 120Days:

%

IF APPLICABLE TOTAL = 100%

WHAT PERCENTAGE OF BANKCARD VOLUME IS "FD":

%

* 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 24hrs of the time of sale, indicate below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

AUTHORIZED SIGNER(S) INFORMATION

Note: Complete Owner / Officer Information must be present for all Equity Owners with 25% or greater equity in the business and for any person(s) with authority or control. Additional owner/officer information may be provided on the Additional Owner/Officer Page as needed.

To the best of your knowledge indicate if any owner, officer, director, employee, or agent a current or former senior official in the executive, legislative, administrative, military, or judicial branch of any government (elected or not); a senior official of a

☐ Yes ☐ No
If Yes, attach details.

(1) ☐ Owner ☐ Officer ☐ Authorized Signer ☐ Managing Agent (Please provide copy of Management Agreement)

NAME TITLE SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

CELL PHONE NUMBER DRIVER'S LICENSE NUMBER BUSINESS EQUITY OWNERSHIP CITIZENSHIP: ☐ U.S. ☐ NON-U.S.

HOME ADDRESS HOME CITY HOME STATE HOME ZIP

(2) ☐ Owner ☐ Officer ☐ Authorized Signer ☐ Managing Agent (Please provide copy of Management Agreement)

NAME TITLE SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

CELL PHONE NUMBER DRIVER'S LICENSE NUMBER BUSINESS EQUITY OWNERSHIP CITIZENSHIP: ☐ U.S. ☐ NON-U.S.

HOME ADDRESS HOME CITY HOME STATE HOME ZIP

PCI COMPLIANCE

IS YOUR BUSINESS PCI COMPLIANT: ☒ Yes ☐ No

DOES YOUR COMPANY UTILIZE A DATA STORAGE ENTITY OR MERCHANT SERVICER THAT HAS ACCESS TO CARD MEMBER DATA:

☐ Yes ☒ No (i.e., Payment gateway or data warehouse, etc.)

If yes, provide the name of the Data Storage Entity or Merchant Servicer being utilized: N/A

PAYMENT CARD INDUSTRY DATA SECURITY STANDARDS ("PCI DSS") AND CARD NETWORK RULES PROHIBIT STORAGE OF SENSITIVE AUTHENTICATION DATA AFTER THE TRANSACTION HAS BEEN AUTHORIZED (EVEN IF ENCRYPTED). IF YOU OR YOUR POS SYSTEM STORE, PROCESS, OR TRANSMIT FULL CARDHOLDER'S DATA, THEN YOU (MERCHANT) MUST VALIDATE PCI DSS COMPLIANCE. IF YOU (MERCHANT) UTILIZE A PAYMENT APPLICATION THE POS SOFTWARE MUST BE COMPLIANT WITH EITHER THE PCI SOFTWARE SECURITY FRAMEWORK STANDARDS OR PA DSS (PAYMENT APPLICATION DATA SECURITY STANDARDS) UNTIL ITS EXPIRATION AT THE END OF OCTOBER 2022. IF YOU USE A PAYMENT GATEWAY, THEY MUST ALSO BE PCI DSS COMPLIANT. AS REQUIRED UNDER PCI DSS, I DO HEREBY DECLARE AND CONFIRM THE FOLLOWING:

MERCHANT WILL MAINTAIN FULL PCI DSS COMPLIANCE AT ALL TIMES AND WILL NOTIFY ACTIVE WHEN IT CHANGES ITS POINT OF SALE SOFTWARE, SYSTEM, APPLICATION OR VENDOR: ☒ Yes ☐ No ☐ N/A

DO YOUR TRANSACTIONS PROCESS THROUGH ANY OTHER THIRD PARTIES (I.E. WEB HOSTING COMPANIES, GATEWAYS, CORPORATE OFFICE): ☒ Yes ☐ No ☐ N/A

MERCHANT UTILIZES THE SERVICES OF A PCI SSC QUALIFIED INTEGRATOR RESELLER (QIR) WHEN POS PAYMENT APPLICATIONS ARE UTILIZED: ☐ Yes ☐ No ☒ N/A

THE SIGNING MERCHANT LISTED BELOW HAS EXPERIENCED AN ACCOUNT DATA COMPROMISE.*:

If yes, what was the date of the compromise:
 (Copy of the completed forensic investigation is required with the app.)

☐ Yes ☐ No ☐ N/A
 ☐ I have never accepted payment cards.

THE SIGNING MERCHANT LISTED BELOW IS STORING SENSITIVE AUTHENTICATION DATA** (EVEN IF ENCRYPTED) AFTER THE TRANSACTION HAS BEEN AUTHORIZED:

☐ Yes ☐ No ☒ N/A
 ☐ I have never accepted payment cards.

MERCHANT UTILIZES AN EMV ENABLED TERMINAL:

☐ Yes ☐ No ☒ N/A

*An Account Data Compromise is any incident that results in unauthorized access to payment card data and/or Sensitive Authentication Data.
**Sensitive Authentication Data is security related information (Card Verification Values, complete Magnetic Stripe Data, PINs, and PIN blocks) that is used to authenticate cardholders.

Please note that if you have indicated that your organization has experienced an account data compromise in the past, a PCI DSS Level 1 Compliance Assessment may be required upon ACTIVEs request. A compromise of cardholder data from your location(s) may result in the issuance of fines and/or penalties by the card brand, for which you will be responsible under your Merchant Agreement, notwithstanding this Compliance Statement. It is imperative that you notify ACTIVE immediately should the information on this Compliance Statement change.

AGREEMENT ACCEPTANCE, CERTIFICATION and CONSUMER REPORT AUTHORIZATION

I, the Merchant, authorizes ACTIVE, reporting agency employed by ACTIVE, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of all matters generally connected to this business relationship. I further certify that I have received, read, understand and agree to the Heartland Merchant Processing Agreement Terms and Conditions, Policies, Procedures, Rules and Requirements for Card which together with this application shall constitute the agreement(s) between the parties. In addition, Merchant can request another copy of the Terms and Conditions at any time by sending a written request for a copy to ACTIVE at the following address: ACTIVE Network LLC ("ACTIVE"); 5850 Granite Parkway, Suite 1200 Plano, TX 75024. I further certify that this business or any Owner/Officer/Authorized Signer has never been terminated as a Visa, Mastercard or Discover Merchant. This document and all electronically executed documents related hereto are legally binding in the same manner as are hard copy documents executed by hand signature.

X OWNER/OFFICER SIGNATURE *	PRINT NAME & TITLE	EMAIL	DATE
X OWNER/OFFICER SIGNATURE *	PRINT NAME & TITLE	EMAIL	DATE

APPROVED AS TO FORM:

City Attorney

JMB

ATTEST:

City Clerk

PLEASE SEE AGREEMENT FOR THE TERM OF THIS APPLICATION