

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

CM2865

CONTRACTOR INFORMATION

Name: TSYS, A Global Payments Company

Address: 1601 Dodge Street- 24NW Omaha, NE 68102
City State Zip

Contractor's Administrator Name: Candice Shelton Title: Account Executive

Tel#: 402-574-7044 Fax: 866-483-4731 Email: cshelton@tsys.com

CONTRACT INFORMATION

Contract Name: Compliance Processor Agreement Value: Varies; Avg. \$1700/FY (All branches)

Brief Description: Contract for TSYS payment processing at all branches in place of PayPal.

Contract Dates : From: _____ to _____ Status: X New ___ Renew ___ Amend# ___ WA/Task Order

How Procured: ___ Sole Source ___ Single Source ___ ITB ___ RFP ___ RFQ ___ Coop. ___ Other Three Quotes obtained

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- | | | | |
|----|---|------------------------|---|
| 1. | <u><i>Dawn Postwick</i></u>
Department Head Signature | <u>4/8/20</u>
Date | <u>Libraries</u>
Submitting Department |
| 2. | <u><i>Sharon Legins</i></u>
Contract Management | <u>5/27/20</u>
Date | <u>01711571,712,713,714,715,716-549000</u>
Funding Source/Acct # |
| 3. | <u><i>Mullin</i></u>
Office of Management & Budget | <u>6/4/20</u>
Date | |
| 4. | <u><i>[Signature]</i></u>
County Attorney (approved as to form only) | <u>6/5/21</u>
Date | |

Comments: _____

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 6/5/21
Michael Mullin Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance

SENT TO: *Sharon Legins*
DEPT: *Contracts*
DATE: *4/8/2020*
FERNANDINA BEACH LIBRARY

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

BUSINESS INFORMATION				
Business Legal Name (must match name on tax return): ("MERCHANT") Nassau County Board of Count Commissioners		Business D/B/A: NassauCoPublicLibraryFernandina		
Location Street Address: (No P.O. Boxes) 25 N 4th Street		City: Fernandina Beach	State: FL	Zip: 32034
Contact Name: Dawn Bostwick	Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com	
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097 Phone: (904) 530-6500

BUSINESS PROFILE AND ASSUMPTIONS				
# of Locations:	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00	Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr _____ Mo _____	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Employees:	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of Goods/Services Cash and Carry: 100	
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees		
Previous Processor: (Please Include copy of statements)		Business Website:		
Card Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: 100% If CNP Choose one: <u>Retail Internet</u>		Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: 100% Card Swipe _____ % + Imprint _____ % = TOTAL Card Present %		
Application Type: Never Had Credit Cards	Addl. Location LOC/Old MID:	Dun & Bradstreet #: (If available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.		Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.		
When is cardholder billed for goods/services? <input type="checkbox"/> On Order <input checked="" type="checkbox"/> On Shipment Average number of days between order and shipment?				
Expected date of first transaction?		Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				

REFERENCES			
Bank Reference Name: Fifth Third Bank	Contact:	Phone:	Account Number:
Trade/Supplier 1 Name:	Contact:	Phone:	Account Number:
Trade/Supplier 2 Name:	Contact:	Phone:	Account Number:

VISA DISCLOSURE		
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES <ol style="list-style-type: none"> 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply. 	IMPORTANT MERCHANT RESPONSIBILITIES <ol style="list-style-type: none"> 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Rules.

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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.

Merchant Name: Nassau County Board of Count Commissioners	Authorized Signature:
Address: 25 N 4th Street Fernandina Beach FL 32034	Print Name:
Title:	Date: 03/11/2020

Principal/Link: _____ Associate/Group: 926000 Chain/Association: 926003 MID#: _____ MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

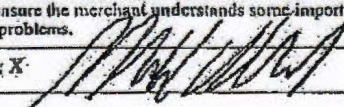
BUSINESS INFORMATION				
Business Legal Name (must match name on tax return): ("MERCHANT") <u>Nassau County Board of Count Commissioners</u>		Business D/B/A: <u>NassauCoPublicLibraryFernandina</u>		
Location Street Address: (No P.O. Boxes) <u>25 N 4th Street</u>		City: <u>Fernandina Beach</u>	State: <u>FL</u>	Zip: <u>32034</u>
Contact Name: <u>Dawn Bostwick</u>	Phone: <u>(904) 530-6500</u>	Fax:	Email: <u>dbostwick@nassaucountyfl.com</u>	
Mailing/Billing Address: (If different from Location) <u>76347 Veterans Way Suite 4000</u>		City: <u>Yulee</u>	State: <u>FL</u>	Zip: <u>32097</u> Phone: <u>(904) 530-6500</u>

BUSINESS PROFILE AND ASSUMPTIONS				
# of Locations:	Fed. Tax ID: <u>59-1863042</u>	Annual Visa/Mastercard/Discover/American Express Volume (\$): <u>35,000.00</u>	Location Volume (\$): <u>35,000.00</u>	Business Open Date: <u>01/01/1925</u>
Average Ticket (\$): <u>2.00</u>	Highest Ticket (\$): <u>20.00</u>	Avg. monthly Vol. (\$): <u>2,000.00</u>	Length of Ownership: Yr. _____ Mo. _____	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Employees:	Ownership Type: <u>Gov (Fed/ST-Local)</u>	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of Goods/Services Cash and Carry: <u>100</u>	
Type of Business: <u>Retail</u>	Pricing Method: <u>Retail</u>	Type of Goods/Services sold: (Please include a copy of your return/refund policy) <u>Library fees</u>		
Previous Processor:	Please include copy of statements		Business Website:	
Card Present % <u>98</u>	% + Card Not Present: <u>2</u> % = TOTAL: <u>100%</u>	Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: <u>100%</u>		
If CNP Choose one:	<u>Retail Internet</u>		Card Swipe _____ % + Inprint _____ % = TOTAL Card Present %	
Application Type: <u>Never Had Credit Cards</u>	Addl. Location LOC/Old MID:	Dun & Bradstreet #: (if available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third party fulfillment houses.		Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.		
When is cardholder billed for goods/services? <input checked="" type="checkbox"/> On Order <input type="checkbox"/> On Shipment Average number of days between order and shipment?				
Expected date of first transaction?		Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				

REFERENCES		
Bank Reference Name: <u>Fifth Third Bank</u>	Contact:	Phone:
Trade/Supplier 1 Name:	Contact:	Phone:
Trade/Supplier 2 Name:	Contact:	Phone:

VISA DISCLOSURE		
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply.	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. Ensure compliance with Visa storage requirements. 2. Maintain fraud prevention program. 3. Review and understand the Merchant Agreement. 4. Comply with Visa Rules.

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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.

Merchant Name: <u>Nassau County Board of Count Commissioners</u>	Authorized Signature: 
Address: <u>25 N 4th Street</u> <u>Fernandina Beach</u> FL <u>32034</u>	Print Name: _____
Title: _____	Date: <u>03/11/2020</u>

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

BUSINESS INFORMATION					
Business Legal Name (must match name on tax return): ("MERCHANT") Nassau County Board of Count Commissioners			Business D/B/A: NassauCoPublicLibraryCallahan		
Location Street Address: (No P.O. Boxes) 450077 State RD 200 Unit 15		City: Callahan	State: FL	Zip: 32011	
Contact Name: Dawn Bostwick	Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com		
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500

BUSINESS PROFILE AND ASSUMPTIONS					
# of Locations:	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00		Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr _____ Mo _____	Visa/Mastercard/Discover/American Express <input checked="" type="checkbox"/> Yes Currently Accepted? <input type="checkbox"/> No	
# of Employees:	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		% of Goods/Services Cash and Carry: 100	
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees			
Previous Processor: (Please Include copy of statements)			Business Website:		
Card Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: 100% If CNP Choose one: <u> </u> Retail <u> </u> Internet			Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: 100% Card Swipe _____ % + Imprint _____ % = TOTAL Card Present %		
Application Type: Never Had Credit Cards	Addl. Location LOC/Old MID:	Dun & Bradstreet #: (If available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.		Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.			
When is cardholder billed for goods/services? <input type="checkbox"/> On Order <input checked="" type="checkbox"/> On Shipment Average number of days between order and shipment?					
Expected date of first transaction?			Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec					

REFERENCES			
Bank Reference Name: Fifth Third Bank	Contact:	Phone:	Account Number:
Trade/Supplier 1 Name:	Contact:	Phone:	Account Number:
Trade/Supplier 2 Name:	Contact:	Phone:	Account Number:


VISA DISCLOSURE		
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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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.		
Merchant Name: <u>Nassau County Board of Count Commissioners</u>		Authorized Signature: <u>X</u>
Address: <u>450077 State RD 200 Unit 15</u> <u>Callahan</u> FL 32011		Print Name: _____
Title: _____		Date: <u>03/11/2020</u>

Principal Bank: _____ Associate/Group: 926000 Chain/Association: 926003 MID#: _____ MCG Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

BUSINESS INFORMATION						
Business Legal Name (must match name on tax return): (*MERCHANT) Nassau County Board of Count Commissioners			Business D/B/A: NassauCoPublicLibraryCallahan			
Location Street Address: (No P.O. Boxes) 450077 State RD 200 Unit 15			City: Callahan	State: FL	Zip: 32011	
Contact Name: Dawn Bodhwick	Phone: (904) 530-6500		Fax:		Email: dbostwick@nassaucountyfl.com	
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000			City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500
BUSINESS PROFILE AND ASSUMPTIONS						
# of Locations: 1	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00		Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925	
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr Mo	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
# of Employees:	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		% of Goods/Services Cash and Carry: 100		
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees				
Previous Processor: (Please include copy of statements)			Business Website:			
Card Present 98 % + Card Not Present 2 % = TOTAL: 100% IF CNP Choose one: Retail internet			Sales to: Consumer 95 % + Business % = TOTAL: 100% Card Swipe % + Imprint % = TOTAL Card Present %			
Application Type: Never Had Credit Cards	Add. Location LOC/Old MID:	Dm & Bradstreet #: (if available)		Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.			Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.			
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Expected date of first transaction?			Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec						
REFERENCES						
Bank Reference Name: Fifth Third Bank		Contact:	Phone:			
Trade/Supplier 1 Name:		Contact:	Phone:			
Trade/Supplier 2 Name:		Contact:	Phone:			
VISA DISCLOSURE						
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Merchant Name: Nassau County Board of Count Commissioners			Authorized Signature: X 			
Address: 450077 State RD 200 Unit 15 Callahan FL 32011			Print Name:			
Title:			Date: 03/11/2020			

FSYS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

1 of 5

202001 Merchant Application SBS Bundled

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

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CONFIDENTIAL

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Location Street Address: (No P.O. Boxes) 7280 Motes Road		City: Bryceville	State: FL	Zip: 32009	
Contact Name: Dawn Bostwick	Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com		
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500

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# of Employees:	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		% of Goods/Services Cash and Carry: 100	
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Trade/Supplier 1 Name:	Contact:	Phone:	Account Number:
Trade/Supplier 2 Name:	Contact:	Phone:	Account Number:

VISA DISCLOSURE		
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Merchant Name: <u>Nassau County Board of Count Commissioners</u>		Authorized Signature:
Address: <u>7280 Motes Road</u> <u>Bryceville</u> FL <u>32009</u>		Print Name: _____
Title: _____		Date: <u>03/11/2020</u>

Principal/Date: _____ Associate/Group: 926000 Chain/Association: 926003 MID#: _____ MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

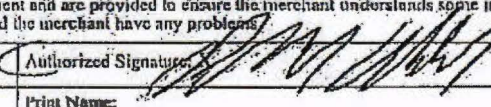
202001 Merchant Application SBS Bundled

CONFIDENTIAL

BUSINESS INFORMATION				
Business Legal Name ("MERCHANT")	Name (must match name on tax return): Nassau County Board of Count Commissioners		Business D/B/A: NassauCoPublicLibraryBryceville	
Location Street Address: (No P.O. Boxes)	City:		State:	Zip:
7280 Motes Road	Bryceville		FL	32009
Contact Name:	Phone:	Fax:	Email:	
Dawn Bostwick	(904) 530-6500		dbostwick@nassaucountyfl.com	
Mailing/Billing Address: (If different from Location)	City:	State:	Zip:	Phone:
76347 Veterans Way Suite 4000	Yulee	FL	32097	(904) 530-6500

BUSINESS PROFILE AND ASSUMPTIONS				
# of Locations:	Fed Tax ID:	Annual Visa/Mastercard/Discover/American Express Volume (\$):	Location Volume (\$):	Business Open Date:
59	863042	35,000.00	35,000.00	01/01/1925
Average Ticket (\$):	Highest Ticket (\$):	Avg. monthly Vol. (\$):	Length of Ownership:	Visa/Mastercard/Discover/American Express Currently Accepted?
2.00	20.00	2,000.00	Yr Mo	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Employees:	Ownership Type:	Charitable Organization 501(c)(3):	% of Goods/Services Cash and Carry:	
	Gov (Fed/ST-Local)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100	
Type of Business:	Pricing Method:	Type of Goods/Services sold. (Please include a copy of your return/refund policy)		
Retail CNP	Retail RETAIL <u>RETAIL COMM</u>	Library fees		
Previous Processor: (Please include copy of statements)	Business Website:			
Card Present % + Card Not Present % = TOTAL: 100%	Sales to: Consumer % + Business % = TOTAL: 100%			
If CNP Choose one: Retail Internet	Card Swipe % + Imprint % = TOTAL Card Present %			
Application Type:	Add. Location LOC/Old MID:	Dun & Bradstreet #: (If available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Never Had Credit Cards				
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, please provide a contact list of all third party fulfillment houses.	
If Yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.				
When is cardholder billed for goods/services?	Average number of days between order and shipment?			
<input checked="" type="checkbox"/> On Order <input type="checkbox"/> On Shipment				
Expected date of first transaction?	Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				

REFERENCES		
Bank Reference Name:	Contact:	Phone:
Fifth Third Bank		
Trade/Supplier 1 Name:	Contact:	Phone:
Trade/Supplier 2 Name:	Contact:	Phone:

VISA DISCLOSURE		
MEMBER BANK (ACQUIRER) INFORMATION	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES	IMPORTANT MERCHANT RESPONSIBILITIES
First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	<ol style="list-style-type: none"> A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. A Visa member must be a principal party to the Merchant Agreement. The Visa member is responsible for, and must provide settlement funds to, the merchant. The Visa member is responsible for all funds held in reserve that are derived from settlement. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply. 	<ol style="list-style-type: none"> Ensure compliance with cardholder data security and storage requirements. Maintain fraud and chargebacks below thresholds. Review and understand the terms of the Merchant Agreement. Comply with Visa Rules.
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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.		
Merchant Name:	Nassau County Board of Count Commissioners	Authorized Signature: 
Address: 7280 Motes Road Bryceville	FL 32009	Print Name:
Title:		Date: 03/11/2020

TSYS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

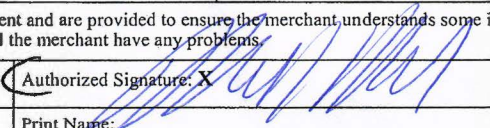
1 of 5

202001 Merchant Application SBS Bundled

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

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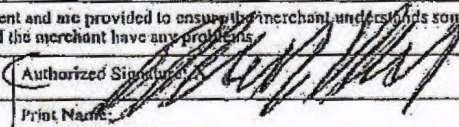
BUSINESS INFORMATION				
Business Legal Name (must match name on tax return): ("MERCHANT") <u>Nassau County Board of Count Commissioners</u>		Business D/B/A: <u>NassauCoPublicLibraryYulee</u>		
Location Street Address: (No P.O. Boxes) <u>76347 Veterans Way Suite 4000</u>		City: <u>Yulee</u>	State: <u>FL</u>	Zip: <u>32097</u>
Contact Name: <u>Dawn Bostwick</u>	Phone: <u>(904) 530-6500</u>	Fax:	Email: <u>dbostwick@nassaucountyfl.com</u>	
Mailing/Billing Address: (If different from Location) <u>76347 Veterans Way Suite 4000</u>		City: <u>Yulee</u>	State: <u>FL</u>	Zip: <u>32097</u> Phone: <u>(904) 530-6500</u>
BUSINESS PROFILE AND ASSUMPTIONS				
# of Locations:	Fed. Tax ID: <u>59-1863042</u>	Annual Visa/Mastercard/Discover/American Express Volume (\$): <u>35,000.00</u>	Location Volume (\$): <u>35,000.00</u>	Business Open Date: <u>01/01/1925</u>
Average Ticket (\$): <u>2.00</u>	Highest Ticket (\$): <u>20.00</u>	Avg. monthly Vol. (\$): <u>2,000.00</u>	Length of Ownership: Yr _____ Mo _____	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
# of Employees:	Ownership Type: <u>Gov (Fed/ST-Local)</u>	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of Goods/Services Cash and Carry: <u>100</u>	
Type of Business: <u>Retail</u>	Pricing Method: <u>Retail</u>	Type of Goods/Services sold: (Please include a copy of your return/refund policy) <u>Library fees</u>		
Previous Processor: (Please include copy of statements)		Business Website:		
Card Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: 100% If CNP Choose one: <u>Retail Internet</u>		Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: 100% Card Swipe _____ % + Imprint _____ % = TOTAL Card Present %		
Application Type: <u>Never Had Credit Cards</u>	Addl. Location LOC/Old MID:	Dun & Bradstreet #: (If available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.		Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.		
When is cardholder billed for goods/services? <input type="checkbox"/> On Order <input checked="" type="checkbox"/> On Shipment Average number of days between order and shipment?				
Expected date of first transaction?		Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				
REFERENCES				
Bank Reference Name: <u>Fifth Third Bank</u>	Contact:	Phone:	Account Number:	
Trade/Supplier 1 Name:	Contact:	Phone:	Account Number:	
Trade/Supplier 2 Name:	Contact:	Phone:	Account Number:	
VISA DISCLOSURE				
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply.		IMPORTANT MERCHANT RESPONSIBILITIES 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Rules.	
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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.				
Merchant Name: <u>Nassau County Board of Count Commissioners</u>		Authorized Signature: 		
Address: <u>76347 Veterans Way Suite 4000</u> <u>Yulee</u> FL <u>32097</u>		Print Name:		
Title:		Date: <u>03/11/2020</u>		

Principal Bank: _____ Associate/Group: 926000 Clinic/Association: 926003 MID#: _____ MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

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BUSINESS INFORMATION					
Business Legal Name (must match name on tax return): (*MERCHANT) Nassau County Board of Count Commissioners		Business D/B/A: NassauCoPublicLibraryYulee			
Location Street Address: (No P.O. Boxes) 76347 Veterans Way Suite 4000 <i>William Burgess Blvd</i>		City: Yulee	State: FL	Zip: 32097	
Contact Name: Dawn Bostwick	Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com		
Mailing/Billing Address: (if different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500
BUSINESS PROFILE AND ASSUMPTIONS					
# of Locations: 1	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00		Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr: _____ Mo: _____	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
# of Employees: 1	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		% of Goods/Services Cash and Carry: 100	
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees			
Previous Processor: (Please include copy of statements)			Business Website:		
Card Present: <u>98</u> % + Card Not Present: <u>2</u> % = TOTAL: 100% If CNP Close out: Retail Internet			Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: 100% Card Swipe _____ % + Imprint _____ % = TOTAL Card Present %		
Application Type: Never-Had Credit Cards		Add. Location LOCATION MID:	Dim & Bradstreet #: (if available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.			Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.		
When is cardholder billed for goods/services? <input type="checkbox"/> On Order <input checked="" type="checkbox"/> On Shipment Average number of days between order and shipment?					
Expected date of first transaction?			Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec					
REFERENCES					
Bank Reference Name: Fifth Third Bank		Contact:	Phone:		
Trade/Supplier 1 Name:		Contact:	Phone:		
Trade/Supplier 2 Name:		Contact:	Phone:		
VISA DISCLOSURE					
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9560		IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply.		IMPORTANT MERCHANT RESPONSIBILITIES 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Rules.	
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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.					
Merchant Name: Nassau County Board of Count Commissioners		Authorized Signature: 			
Address: 76347 Veterans Way Suite 4000 Yulee FL 32097		Print Name: _____			
Title:		Date: 03/11/2020			

TSYS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

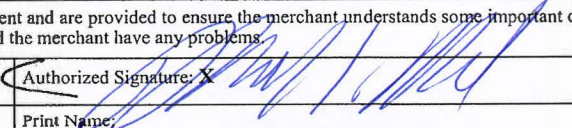
1 of 5

202001 Merchant Application SBS Bundled

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

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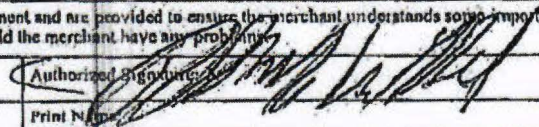
BUSINESS INFORMATION					
Business Legal Name (must match name on tax return): ("MERCHANT") Nassau County Board of Count Commissioners			Business D/B/A: Nassau Co Public Library Hilliard		
Location Street Address: (No P.O. Boxes) 15821 County Rd 108		City: Hilliard	State: FL	Zip: 32046	
Contact Name: Dawn Bostwick	Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com		
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500
BUSINESS PROFILE AND ASSUMPTIONS					
# of Locations:	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00		Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr Mo	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
# of Employees:	Ownership Type: Gov (Fed/ST-Local)	Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		% of Goods/Services Cash and Carry: 100	
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees			
Previous Processor: (Please include copy of statements)			Business Website:		
Card Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: 100% If CNP Choose one: <input type="checkbox"/> Retail <input type="checkbox"/> Internet			Sales to: Consumer <u>95</u> % + Business _____ % = TOTAL: 100% Card Swipe _____ % + Imprint _____ % = TOTAL Card Present %		
Application Type: Never Had Credit Cards	Addl. Location LOC/Old MID:	Dun & Bradstreet #: (if available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.		Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.			
When is cardholder billed for goods/services? <input type="checkbox"/> On Order <input checked="" type="checkbox"/> On Shipment Average number of days between order and shipment?					
Expected date of first transaction?			Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec					
REFERENCES					
Bank Reference Name: Fifth Third Bank	Contact:	Phone:	Account Number: XXXXXXXXXX		
Trade/Supplier 1 Name:	Contact:	Phone:	Account Number:		
Trade/Supplier 2 Name:	Contact:	Phone:	Account Number:		
VISA DISCLOSURE					
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply.		IMPORTANT MERCHANT RESPONSIBILITIES 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Rules.		
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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.					
Merchant Name: Nassau County Board of Count Commissioners		Authorized Signature: 			
Address: 15821 County Rd 108 Hilliard FL 32046		Print Name:			
Title:		Date: 03/11/2020			

Principal Bank: Associate/Group: 926000 Chain/Association: 926003 MID#: MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT — MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

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BUSINESS INFORMATION					
Business Legal Name (must match name on tax return): Nassau County Board of Count Commissioners			Business D/B/A: Nassau Co Public Library Hillard		
Location Street Address: (No P.O. Boxes) 15821 County Rd 108		City: Hilliard	State: FL	Zip: 32046	
Contact Name: Dawn Bostwick		Phone: (904) 530-6500	Fax:	Email: dbostwick@nassaucountyfl.com	
Mailing/Billing Address: (If different from Location) 76347 Veterans Way Suite 4000		City: Yulee	State: FL	Zip: 32097	Phone: (904) 530-6500
BUSINESS PROFILE AND ASSUMPTIONS					
# of Locations:	Fed. Tax ID: 59-1863042	Annual Visa/Mastercard/Discover/American Express Volume (\$): 35,000.00		Location Volume (\$): 35,000.00	Business Open Date: 01/01/1925
Average Ticket (\$): 2.00	Highest Ticket (\$): 20.00	Avg. monthly Vol. (\$): 2,000.00	Length of Ownership: Yr Mo	Visa/Mastercard/Discover/American Express Currently Accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
# of Employees:	Ownership Type: Gov (Fed/ST-Local)		Charitable Organization 501(c)(3): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of Goods/Services Cash and Carry: 100	
Type of Business: Retail	Pricing Method: Retail	Type of Goods/Services sold: (Please include a copy of your return/refund policy) Library fees			
Previous Processor: (Please include copy of statements)			Business Website:		
Card Present 98 % + Card Not Present 2 % = TOTAL: 100% If CNP Choose one: Retail Internet			Sales to: Consumer 95 % + Business % = TOTAL: 100% Card Swipe % + Imprint % = TOTAL Card Present %		
Application Type: Never Had Credit Cards	Add. Location LOC/Old MID:		Dun & Bradstreet #: (If available)	Have you or your business ever declared bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use any third party fulfillment houses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide a contact list of all third party fulfillment houses.			Do you work with any third parties or software vendors who have access to cardholder data? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a contact list of all third parties and software vendors who have access to cardholder data.		
When is cardholder billed for goods/services? <input checked="" type="checkbox"/> On Order <input type="checkbox"/> On Shipment Average number of days between order and shipment?					
Expected date of first transaction?			Do you operate as a Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If seasonal, indicate operating months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec					
REFERENCES					
Bank Reference Name: Fifth Third Bank		Contact:	Phone:		
Trade/Supplier 1 Name:		Contact:	Phone:		
Trade/Supplier 2 Name:		Contact:	Phone:		
VISA DISCLOSURE					
MEMBER BANK (ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586		IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES 1. A Visa member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa member must be a principal party to the Merchant Agreement. 3. The Visa member is responsible for, and must provide settlement funds to, the merchant. 4. The Visa member is responsible for all funds held in reserve that are derived from settlement. 5. The Visa member is responsible for educating merchants on pertinent Visa Rules with which merchants must comply.		IMPORTANT MERCHANT RESPONSIBILITIES 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Rules.	
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 Visa Member (acquirer) is the ultimate authority should the merchant have any problems.					
Merchant Name: Nassau County Board of Count Commissioners			Authorized Signature: 		
Address: 15821 County Rd 108 Hilliard FL 32046		Print Name:		Date: 03/11/2020	
Title:					

SVS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

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202001 Merchant Application SBS Bundled

FEES

VISA/MC/DISCOVER/AMEX OPTBLUE DISCOUNT ¹ RATES					
Rate 1D	2.4900	% + \$ 0.1000	per item	Rate 3	2.4900 % + \$ 0.1000 per item
Rate 1	2.4900	% + \$ 0.1000	per item	Rate 4	2.4900 % + \$ 0.1000 per item
Rate 2	2.4900	% + \$ 0.1000	per item	Rate 5	2.4900 % + \$ 0.1000 per item
				Rate 6	2.4900 % + \$ 0.1000 per item
				Rate 7	2.4900 % + \$ 0.1000 per item

Visa Rewards, Visa Signature, Visa Premium, Mastercard World, Mastercard Enhanced, Mastercard Premium and Discover Premium cards will be assessed an additional 0.18 to the applicable rate tier. Please review the Rate Descriptions under the Documents tab online at www.tsystransactionssummary.com or contact TMS at 800.228.2443 for additional information on which interchange programs qualify.

Merchant Setup	\$ 100.00	per MID	Authorizations "or"	\$ 0.1000 per V/MC/Disc/AMEX OptBlue Auth
Monthly Maintenance	\$ 0.00	per MID	Excessive Electronic Authorizations	\$ 0.0000 per V/MC/Disc/AMEX OptBlue Auth over 100% of SALES and Returns
Minimum Discount Billing	\$ 0.00	per month/MID	Non V/MC/Disc/AMEX Opt Blue Authorizations	\$ 0.1000 each
Chargebacks	\$ 15.00	each	Voice Authorizations	\$ 0.6500 each
Retrievals	\$ 5.00	each	Voice AVS	\$ 1.9900 each
Batch Capture	\$ 0.00	each	Paper Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	\$9.95 per month/MID
Insufficient Funds Fee	\$35 per unsuccessful debit of DESIGNATED Account		Wireless Monthly Wireless Set Up	\$ per device per device
Annual Seasonal	\$	per MID	Unauthorized ACH Return Fee	\$4.50 each
Regulatory and Compliance	\$ 1.00	per month/MID	Regulatory and Compliance Support Fee:	\$25/month for incorrect TIN or name
OTHER	\$	per month/M	OTHER	\$

ATM/DEBIT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p align="center">PCI VALIDATION FEE</p> <p>PCI Validation Fee \$ 75.00 per year /MID OR \$ _____ per month/MID</p> <p>PCI Non-validation Fee: \$ 20.00 per month/MID if MERCHANT is not validated for compliance with TMS's vendor, beginning 75 days after signing.</p>
Setup \$ _____ per MID	
Transactions \$ _____ each	
Monthly per MID \$ _____	
Network Fees Pass thru	

TSYS MERCHANT INSIGHTSSM ESSENTIALS

60 day free trial period Billed at \$29.99 per location per month if not cancelled during free trial period. This product or service is not being offered by BANK. BANK has no obligation or liability for this product or service. *opt out [Signature]*

TMS CARD COMPROMISE ASSISTANCE PLAN (CCAP)

CCAP Fee (PCI Validated): \$ 7.95 per month/MID, if MERCHANT is validated for PCI Compliance with TMS's vendor.

CCAP Fee (PCI Non-Validated): \$ 34.95 per month/MID, if MERCHANT is not validated for PCI Compliance with TMS's vendor, beginning 75 days after signing.

Refer to the TMS Card Compromise Assistance Plan Agreement for applicable terms. BANK is not a party to this agreement and has no obligation or liability under such agreement.

TMS CARD COMPROMISE ASSISTANCE PLAN (CCAP) OPT OUT

MERCHANT may only opt out if MERCHANT validates PCI Compliance with TMS vendor within 75 days of signing. If at any time MERCHANT is not validated for compliance, MERCHANT will be automatically enrolled in CCAP until such time that MERCHANT restores validation, at which point MERCHANT will again be opted out. MERCHANT declines to participate in the Card Compromise Assistance Plan ("CCAP"). MERCHANT understands that under the terms of the AGREEMENT, MERCHANT is responsible for all expenses, fines, assessments, and penalties that arise in the event that a data breach is suspected or occurs at one or more of MERCHANT's locations. Further, MERCHANT understands and agrees that CCAP assistance will not be available to help pay any of the above mentioned expenses, fines, assessments, or penalties in the event of a suspected or actual data breach at one or more of MERCHANT's locations. MERCHANT acknowledges that despite opting out of CCAP, MERCHANT will still be assessed a PCI Validation Fee. Refer to the TMS Card Compromise Assistance Plan Agreement for applicable terms. BANK is not a party to this agreement and has no obligation or liability under such agreement.

Merchant Name: Nassau County Board of Count Commissioners	Authorized Signature: <i>[Signature]</i>
Title:	Date: 03/11/2020

¹ Discount is a FEE charged as a percentage of gross SALES submitted by MERCHANT, which generally includes "Processing," "Authorizations," "Assessments," and "Interchange."

Merchant Initials: *[Signature]*

TMS EQUIPMENT/SOFTWARE

Brand/Model Summit Host	Brand/Model	Brand/Model
Equipment Option Capture	Equipment Option	Equipment Option
Even if renting, purchase price \$	Even if renting, purchase price \$	Even if renting, purchase price \$
Fee \$ Quantity 2 Total \$ 0.00	Fee \$ Quantity Total \$ 0.00	Fee \$ Quantity Total \$ 0.00
Payment Option	Payment Option	Payment Option
Software Vendor	Payment Application	Version

Refer to the TMS Equipment Agreement for applicable terms. BANK is not a party to this agreement and has no obligation or liability under such agreement.

AMERICAN EXPRESS

New American Express OptBlue

Existing American Express ESA

ESA SE _____

Merchant CAP _____

CARD BRAND FEES

All fees listed in this section are fees charged by the Card Brands to TMS. TMS is then charging these fees to the merchant.

Mastercard Kilobyte Fee: \$0.0014 per each settled Mastercard transaction	Mastercard Acquirer License Fee: 0.0165% of gross Mastercard SALES dollar volume	Mastercard Safety Net Acquirer Fee: \$0.0007 per Mastercard transaction
--	---	--

Visa Base II: \$0.0018 per Visa transaction

The following Card Brand-related fees, as adjusted or allocated by TMS, may be assessed to merchant: Assessments, Visa Exception Item Fee, Visa Network Acquirer Processor Fee, Visa International Acquirer Fee (including High Risk), Visa Partial Authorization Non-participation Fee, Visa International Service Assessment Fee (including cash advance), Visa Misuse, Visa Transaction Integrity Fee, Visa Fixed Acquirer Network Fee, Visa LAC International Acquirer Fee (IAF) Local Currency (including cash advance), Visa LAC International Acquirer Fee (IAF) Non-Local Currency (including cash advance), Visa Domestic Authorization Verification Fee, Visa International Authorization Verification Fee, Visa Zero Floor Limit, Visa Credit Voucher, Mastercard NABU Fee: \$0.0195 per each authorized Mastercard transaction (except collection and refund transactions which will be assessed this fee upon settlement), Mastercard CVC2 Transaction Fee: \$0.0025 per each transaction that receives a CVC2 response value of "M" (match) or "N" (no match), Mastercard AVS Fee - Card Present: \$0.01 on all transactions processed at Card Present merchant locations where AVS was performed, Mastercard AVS Fee - Card Not Present: \$0.01 on all transactions processed at Card Not Present merchant locations where AVS was performed, Mastercard Cross-Border U.S.-PR: \$0.006 per each dollar of transaction processed at a Puerto Rico location on a non-Puerto Rico issued card, Mastercard Cross-Border Non-U.S.: \$0.01 per each dollar of transaction processed in foreign currency at a non-U.S. location on a U.S. issued card, Mastercard Cross-Border Non-U.S.-PR: \$0.01 per each dollar of transaction processed in foreign currency at a non-Puerto Rico location on a Puerto Rico issued card, Mastercard Processing Integrity Fee - Card Present: \$0.045 per each approved Mastercard authorization without a reversal request within 24 hours of the initial card-present authorization, Mastercard Processing Integrity Fee - Card Not Present: \$0.045 per each approved Mastercard authorization without a reversal request within 72 hours of the initial card-not-present authorization, Mastercard Processing Integrity Fee - T&E: \$0.045 per each approved Mastercard authorization without a reversal request within 20 days of the initial T&E authorization, Mastercard Processing Integrity Fee > 120 Days: \$0.045 per each approved Mastercard authorization without a corresponding settled transaction or reversal within 120 days of the approved authorization, Mastercard Preauthorization Processing Integrity Fee: \$0.045 per each approved Mastercard Preauthorization without a corresponding settled transaction or reversal within 30 days of the approved Preauthorization, Mastercard Undefined Authorization Processing Integrity Fee: \$0.045 per each approved Mastercard Undefined Authorization without a corresponding settled transaction or reversal within 7 days of the approved Undefined Authorization, Mastercard Final Authorization Processing Integrity Fee: 0.25% or \$0.04, whichever is higher per each approved Mastercard Final Authorization without a corresponding settled transaction within 7 days of the approved Final Authorization, Mastercard Interregional Account Status Inquiry: \$0.03 per each \$0 Account Status Inquiry performed on a card not issued in the same country as the merchant's location, Mastercard Intraregional Account Status Inquiry: \$0.025 per each \$0 Account Status Inquiry performed on a card issued in the same country as the merchant's location, Mastercard Digital Enablement Fee: 0.01% per cardholder not present transaction, Mastercard Annual Merchant Location Fee: \$15.00 per each merchant location per year, Mastercard Annual Payment Facilitator Location Fee: \$3.00 per each Payment Facilitator per year, Mastercard Ineligible FNS Chargeback Blocking Fee: \$3.00 per each fraud-related chargeback blocked via Mastercard's Fraud Notification Service (FNS), Mastercard Transaction Compliance Fee: \$0.15 per each downgraded transaction to help promote accurate interchange qualification behavior, Mastercard Nominal Amount Authorization Fee: \$0.045 per Card Not Present authorizations for a small USD amount that is subsequently reversed in effort to validate card status, Mastercard Account Test Declined Authorization fee (previously communicated as the Excessive Auth Fee): \$0.10 per each authorization after 20 previously issuer declined attempts on the same account number for excessive account testing of a single account number, from the same merchant identification number, within a 24-hour period, Discover International Processing Fee, Discover International Service Fee, Discover Data Usage Fee, Discover Network Authorization Fee, American Express CNP Downgrade: 0.30%, American Express Inbound Fee: 0.40% on Cross Border Transactions, All Other Applicable Card Brand Fees.

FUNDS TRANSFER

In accordance with the terms set out in the Terms and Conditions, transfer funds will be made to/from the account set forth in the enclosed voided check or bank letter. Standard Premium

Please attach voided check ~~here~~

Separate page

Merchant Initials: **X**

ACCOUNT CLOSURE FEE

If the AGREEMENT is terminated early during the INITIAL TERM or any RENEWAL TERM for any reason other than set out in paragraph 5.1, 5.2A, or 5.2B, then MERCHANT agrees to pay TMS an account closure fee ("ACCOUNT CLOSURE FEE") in accordance with the following: \$399 per MID during the first 12 months of the INITIAL TERM; \$299 per MID during the second 12 months of the INITIAL TERM; \$199 per MID during the third 12 months or any time thereafter of the INITIAL TERM; \$149 per MID during any RENEWAL TERM. MERCHANT agrees that the ACCOUNT CLOSURE FEE shall also be due to TMS in accordance with this schedule if MERCHANT discontinues submitting SALES for processing during the INITIAL TERM or any RENEWAL TERM of the AGREEMENT. MERCHANT agrees that this fee is a not a penalty, but rather a reasonable estimation of the actual damages TMS would suffer if TMS were to fail to receive the processing business for the then current term. Paragraph references and capitalized terms not defined in this paragraph are defined in the attached Terms and Conditions. Pursuant to Section 4.1 of the Terms and Conditions the INITIAL TERM shall be for 3 years and will renew for 1 year periods. The TMS Customer Service Number is 800-228-2443.

Initials 

SALES PROFESSIONAL VERIFICATION

By the signature below, the Sales Professional verifies that that the information stated in this Agreement is correct to the best of his/her knowledge and is as represented to him/her by MERCHANT.

Sales Professional Signature:		Sales Professional Name Printed: Candice Shelton	
Sales Organization: TSYS Merchant Solutions	Application Date:	Physical Site Inspection Conducted By Sales Professional <input type="checkbox"/> Yes <input type="checkbox"/> No	

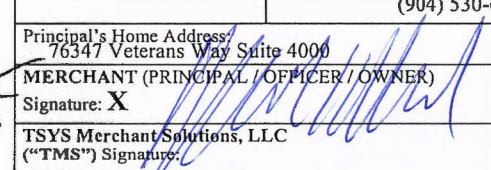
PERSONAL GUARANTY

THIS general, absolute, and unconditional continuing Guaranty ("GUARANTY") by the undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of TSYS Merchant Solutions, LLC and/or First National Bank of Omaha (Collectively the "Guaranty Parties"). For value received, and in consideration of the mutual undertakings contained in the Merchant Transaction Processing Agreement and allied agreements ("AGREEMENT") between the Guaranty Parties and ("MERCHANT") as set forth below, I absolutely and unconditionally guarantee the full performance of all MERCHANT's obligations to the Guaranty Parties, together with all costs, expenses, and attorneys' fees incurred by any the Guaranty Party in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require the Guaranty Parties to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY. I authorize the Guaranty Parties, their respective agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at the request of either of the Guaranty Parties, financial statements and/or tax returns. I agree that this GUARANTY shall be governed and construed in accordance with the laws of the state of Nebraska, and that the courts of the state of Nebraska shall have and be vested with personal jurisdiction over me. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by the Guaranty Parties of written notice by me terminating or modifying the same. The termination of the AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and the Guaranty Parties.

PERSONAL GUARANTOR: (Signature-No Titles) _____ Print Name: (No Titles) _____
 MERCHANT: (Business Legal Name) Nassau County Board of Count Commissioners Social Security Number: _____
 Home Address: _____ Home Phone: _____ Work Phone: _____

AGREEMENT ACCEPTANCE

By their execution below the undersigned parties agree to abide by the Merchant Transaction Processing Agreement (the "AGREEMENT"). The AGREEMENT consists of the Merchant Application and the Terms and Conditions (a separate attachment hereto), and MERCHANT acknowledges it has received and read the Terms and Conditions at the time of signing. MERCHANT warrants that the information provided on the Merchant Application is complete and accurate. MERCHANT authorizes TMS and/or BANK to provide a copy of this Merchant Application to any third party for the services requested. MERCHANT, its signing officer, owner, partner and any Personal Guarantor authorize TMS, BANK or their agents or assigns, to make from time to time, business or personal credit inquiries and other inquiries in connection with this Merchant Application or the Agreement. By executing this Merchant Application, MERCHANT, its signing officer, owner, partner and any Personal Guarantor acknowledge that TMS and/or BANK has a legitimate business need for the information contained in any personal credit report that may be obtained in connection with this Merchant Application or the Agreement, and that this Application is a business transaction that was initiated by the MERCHANT and/or any Personal Guarantor identified above. If applicable, MERCHANT agrees by its signature below to the TMS Equipment Agreement, the TMS Card Compromise Assistance Plan Agreement, and the American Express OptiBlue Program Agreement. BANK is not a party to these agreements and has no obligation or liability under such agreements. In witness whereof the parties hereto have caused this AGREEMENT to be executed by their duly authorized representatives effective on the date signed or approved by BANK.

Principal's Name (Please Print): Dawn Bostwick		Title:	
Equity Ownership (%)	Home Phone No: (904) 530-6500	Date of Birth:	Principal's Soc Sec No:
Principal's Home Address: 76347 Veterans Way Suite 4000	City: Yulee	State: FL	Zip: 32097
MERCHANT (PRINCIPAL / OFFICER / OWNER) Signature: X 		Name (Please Print):	Title: _____ Date: 03/11/2020
TSYS Merchant Solutions, LLC ("TMS") Signature:		Name:	Title: _____ Date: 03/11/2020
First National Bank of Omaha ("BANK") Signature:		Name:	Title: _____ Date: _____

TSYS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197

ACCOUNT CLOSURE FEE

If the AGREEMENT is terminated early during the INITIAL TERM or any RENEWAL TERM for any reason other than set out in paragraph 5.1, 5.2.A, or 5.2.B, then MERCHANT agrees to pay TMS an account closure fee ("ACCOUNT CLOSURE FEE") in accordance with the following: \$399 per MID during the first 12 months of the INITIAL TERM; \$299 per MID during the second 12 months of the INITIAL TERM; \$199 per MID during the third 12 months or any time thereafter of the INITIAL TERM; \$149 per MID during any RENEWAL TERM. MERCHANT agrees that the ACCOUNT CLOSURE FEE shall also be due to TMS in accordance with this schedule if MERCHANT discontinues submitting SALES for processing during the INITIAL TERM or any RENEWAL TERM of the AGREEMENT. MERCHANT agrees that this fee is a not a penalty, but rather a reasonable estimation of the actual damages TMS would suffer if TMS were to fail to receive the processing business for the then current term. Paragraph references and capitalized terms not defined in this paragraph are defined in the attached Terms and Conditions. Pursuant to Section 4.1 of the Terms and Conditions the INITIAL TERM shall be for 3 years and will renew for 1 year periods. The TMS Customer Service Number is 800-228-2443.

Initials *[Handwritten Signature]*

SALES PROFESSIONAL VERIFICATION

By the signature below, the Sales Professional verifies that the information stated in this Agreement is correct to the best of his/her knowledge and is as represented to him/her by MERCHANT.

Sales Professional Signature: <i>Candice Shelton</i>	Sales Professional Name Printed: Candice Shelton		
Sales Organization: TSYS Merchant Solutions	Application Date:	Physical Site Inspection Conducted By Sales Professional <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL GUARANTY

THIS general, absolute, and unconditional continuing Guaranty ("GUARANTY") by the undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of TSYS Merchant Solutions, LLC and/or First National Bank of Omaha (Collectively the "Guaranty Parties"). For value received, and in consideration of the mutual obligations contained in the Merchant Transaction Processing Agreement and allied agreements ("AGREEMENT") between the Guaranty Parties and ("MERCHANT") as set forth below, I absolutely and unconditionally guarantee the full performance of all MERCHANT's obligations to the Guaranty Parties; together with all costs, expenses, and attorneys' fees incurred by any the Guaranty Party in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require the Guaranty Parties to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY. I authorize the Guaranty Parties, their respective agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at the request of either of the Guaranty Parties, financial statements and/or tax returns. I agree that this GUARANTY shall be governed and construed in accordance with the laws of the state of Nebraska, and that the courts of the state of Nebraska shall have and be vested with personal jurisdiction over me. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by the Guaranty Parties of written notice by me terminating or modifying the same. The termination of the AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and the Guaranty Parties.

PERSONAL GUARANTOR: (Signature-No Titles) _____ Print Name: (No Titles) _____
 MERCHANT: (Business Legal Name) Nassau County Board of Count Commissioners Social Security Number: _____
 Home Address: _____ Home Phone: _____ Work Phone: _____

AGREEMENT ACCEPTANCE

By their execution below the undersigned parties agree to abide by the Merchant Transaction Processing Agreement (the "AGREEMENT"). The AGREEMENT consists of the Merchant Application and the Terms and Conditions (a separate attachment hereto), and MERCHANT acknowledges it has received and read the Terms and Conditions at the time of signing. MERCHANT warrants that the information provided on the Merchant Application is complete and accurate. MERCHANT authorizes TMS and/or BANK to provide a copy of this Merchant Application to any third party for the services requested; MERCHANT, its signing officer, partner and any Personal Guarantor authorize TMS, BANK or their agents or assigns, to make from time to time, business or personal credit inquiries and other inquiries in connection with this Merchant Application or the Agreement. By executing this Merchant Application, MERCHANT, its signing officer, owner, partner and any Personal Guarantor acknowledge that TMS and/or BANK has a legitimate business need for the information contained in any personal credit report that may be obtained in connection with this Merchant Application or the Agreement, and that this Application is a business transaction that was initiated by the MERCHANT and/or any Personal Guarantor identified above. If applicable, MERCHANT agrees by its signature below to the TMS Equipment Agreement, the TMS Card Compromise Assistance Plan Agreement, and the American Express OptBlue Program Agreement. BANK is not a party to these agreements and has no obligation of liability under such agreements. In witness whereof the parties hereto have caused this AGREEMENT to be executed by their duly authorized representatives effective on the date signed or approved by BANK.

Principal's Name (Please Print): <u>Michael Mullin</u>	Title:	
Equity Ownership (%):	Home Phone No: <u>(904) 530-6500</u>	Principal's Soc Sec No:
Principal's Home Address: <u>76347 Veterans Hwy Suite 400</u>	City: <u>Yulee</u>	State: <u>FL</u> Zip: <u>32097</u>
MERCHANT (PRINT NAME OF OFFICER/OWNER) Signature: <i>[Signature]</i>	Name: (Please Print):	Title: Date: <u>03/11/2020</u>
TSYS Merchant Solutions, LLC ("TMS") Signature: <i>[Signature]</i>	Name:	Title: Date: <u>03/11/2020</u>
First National Bank of Omaha ("BANK") Signature:	Name:	Title: Date: <u>6/25/20</u>

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the beneficial owners): (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

(If no individual meets this definition, please write "Not Applicable.")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.
- (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹
Dawn Bostwick		76347 Veterans Way Suite 4000 Yulee FL 32097		

I, Michael Austin (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: [Signature] Date: 6/5/2020

Legal Entity Identifier _____ (Optional)

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

AMENDMENT TO THE MERCHANT TRANSACTION PROCESSING AGREEMENT

202001 ACF WAIVER AMENDMENT

THIS Amendment ("AMENDMENT"), by and between FIRST NATIONAL BANK OF OMAHA ("BANK"), TSYS MERCHANT SOLUTIONS, LLC ("TMS"), and "MERCHANT", the name of which is set out below, shall become effective on the date executed or approved by a duly authorized representative of BANK. BANK, TMS, and MERCHANT shall be collectively known hereafter as the "PARTIES."

WHEREAS VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, ATM/Debit Networks, and the other financial service card organizations and their related international entities shall be collectively known as "CARD BRANDS"; and

WHEREAS, the PARTIES are parties to a Merchant Transaction Processing Agreement (together with its addenda, attachments, and schedules shall be hereinafter known as the "AGREEMENT"), under which the MERCHANT receives transaction processing and other services regarding credit and debit card sales transactions ("SALES"), subject to the terms and conditions more fully set out in AGREEMENT; and

WHEREAS, the PARTIES desire to delete the ACCOUNT CLOSURE FEE as set out in the AGREEMENT. The TMS Customer Service Number is 800-228-2443. *Initials*

NOW THEREFORE, in consideration of the mutual promises made herein, and other valuable consideration, receipt and sufficiency of which are hereby acknowledged, the PARTIES do hereby agree as follows:

1. Terms set forth herein, which are typed in all capitalized letters and not defined herein, shall have the same meaning as set out in the AGREEMENT.
2. To the extent TMS is not already a PARTY to the AGREEMENT, the PARTIES agree to amend the AGREEMENT to make TMS a party to the AGREEMENT. BANK will continue to sponsor MERCHANT into the CARD BRANDS, retain the responsibility of settling MERCHANT's SALES, and all other obligations that are required to be retained at BANK by the CARD BRANDS. TMS will be responsible for all other responsibilities and obligations to MERCHANT under the AGREEMENT, including but not limited to processing SALES and handling customer service.
3. **The PARTIES agree to delete in its entirety the Account Closure Fee section from the FEES Section of the AGREEMENT.** *Initials*
4. **The PARTIES agree to delete all other references to the ACCOUNT CLOSURE FEE from the Terms and Conditions of the AGREEMENT.** *Initials*
5. This AMENDMENT, together with the AGREEMENT and its other amendments, attachments, exhibits, and schedules, constitutes the entire AGREEMENT between the PARTIES as to transaction processing, and any other representations, inducements, promises, or agreements not contained herein shall be of no force and effect as to transaction processing.
6. Except as amended hereby, BANK, TMS, and MERCHANT reaffirm the obligations of each as they are contained in the AGREEMENT.

IN WITNESS WHEREOF, the PARTIES hereto have caused this AMENDMENT to be executed by their duly authorized representative, effective as of the date executed or approved by BANK.

First National Bank of Omaha

BANK Authorized Signature

Print Name

Title

Date

TSYS Merchant Solutions, LLC

TMS Authorized Signature

Print Name

Title

Date

MERCHANT Name

MID#:

Address

City, State, Zip Code

Authorized Signature

Print Name

Title

Michael Medina
County Manager

AMENDMENT TO THE MERCHANT TRANSACTION PROCESSING AGREEMENT

202001 ACF WAIVER AMENDMENT

THIS Amendment ("AMENDMENT"), by and between FIRST NATIONAL BANK OF OMAHA ("BANK"), TSYS MERCHANT SOLUTIONS, LLC ("TMS"), and "MERCHANT", the name of which is set out below, shall become effective on the date executed or approved by a duly authorized representative of BANK. BANK, TMS, and MERCHANT shall be collectively known hereafter as the "PARTIES."

WHEREAS VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, ATM/Debit Networks, and the other financial service card organizations and their related international entities, shall be collectively known as "CARD BRANDS"; and

WHEREAS, the PARTIES are parties to a Merchant Transaction Processing Agreement (together with its addenda, attachments, and schedules shall be hereinafter known as the "AGREEMENT"), under which the MERCHANT receives transaction processing and other services regarding credit and debit card sales transactions ("SALES"), subject to the terms and conditions more fully set out in AGREEMENT; and

WHEREAS, the PARTIES desire to delete the ACCOUNT CLOSURE FEE as set out in the AGREEMENT. The TMS Customer Service Number is 800-228-2443. *[Handwritten Initials]*

NOW THEREFORE, In consideration of the mutual promises made herein, and other valuable consideration, receipt and sufficiency of which are hereby acknowledged, the PARTIES do hereby agree as follows:

1. Terms set forth herein, which are typed in all capitalized letters and not defined herein, shall have the same meaning as set out in the AGREEMENT.
2. To the extent TMS is not already a PARTY to the AGREEMENT, the PARTIES agree to amend the AGREEMENT to make TMS a party to the AGREEMENT. BANK will continue to sponsor MERCHANT into the CARD BRANDS, retain the responsibility of settling MERCHANT's SALES, and all other obligations that are required to be retained at BANK by the CARD BRANDS. TMS will be responsible for all other responsibilities and obligations to MERCHANT under the AGREEMENT, including but not limited to processing SALES and handling customer service.
3. The PARTIES agree to delete in its entirety the Account Closure Fee section from the FEES Section of the AGREEMENT. *[Handwritten Initials]*
4. The PARTIES agree to delete all other references to the ACCOUNT CLOSURE FEE from the Terms and Conditions of the AGREEMENT. *[Handwritten Initials]*
5. This AMENDMENT, together with the AGREEMENT and its other amendments, attachments, exhibits, and schedules, constitutes the entire AGREEMENT between the PARTIES as to transaction processing, and any other representations, inducements, promises, or agreements not contained herein shall be of no force and effect as to transaction processing.
6. Except as amended hereby, BANK, TMS, and MERCHANT reaffirm the obligations of each as they are contained in the AGREEMENT.

IN WITNESS WHEREOF, the PARTIES hereto have caused this AMENDMENT to be executed by their duly authorized representative, effective as of the date executed or approved by BANK.

First National Bank of Omaha

BANK Authorized Signature

Print Name

Title

Date

MERCHANT Name

MID#:

Address

City, State, Zip Code

Authorized Signature

[Handwritten Signature]

Print Name

Michael Mullin

Title

Country Manager

TSYS Merchant Solutions, LLC

[Handwritten Signature]

TMS Authorized Signature

Print Name

Title

Date

6/05/20

AMENDMENT TO THE MERCHANT TRANSACTION PROCESSING AGREEMENT

202001 NEXT DAY FUNDING

THIS Amendment ("AMENDMENT"), by and between FIRST NATIONAL BANK OF OMAHA ("BANK"), TSYS MERCHANT SOLUTIONS, LLC ("TMS"), and MERCHANT, the name of which is set out below, shall become effective on the date executed or approved by a duly authorized representative of BANK. BANK, TMS, and MERCHANT shall be collectively known hereafter as the "PARTIES."

WHEREAS VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, ATM/Debit Networks, and the other financial service card organizations and their related international entities shall be collectively known as "CARD BRANDS"; and

WHEREAS, the PARTIES are parties to a Merchant Transaction Processing Agreement (together with its addenda, attachments, and schedules shall be hereinafter known as the "AGREEMENT"), under which the MERCHANT receives transaction processing and other services regarding credit and debit card sales transactions ("SALES"), subject to the terms and conditions more fully set out in AGREEMENT; and

WHEREAS, the PARTIES desire to amend the AGREEMENT as set out below.

NOW THEREFORE, in consideration of the mutual promises made herein, and other valuable consideration, receipt and sufficiency of which are hereby acknowledged, the PARTIES do hereby agree as follows:

1. Terms set forth herein in all capitalized letters which are not otherwise defined herein shall have meaning as set out in the AGREEMENT.
2. To the extent TMS is not already a PARTY to the AGREEMENT, the PARTIES agree to amend the AGREEMENT to make TMS a party to the AGREEMENT. BANK will continue to sponsor MERCHANT into the CARD BRANDS, retain the responsibility of settling MERCHANT's SALES, and all other obligations that are required to be retained at BANK by the CARD BRANDS. TMS will be responsible for all other responsibilities and obligations to MERCHANT under the AGREEMENT, including but not limited to processing SALES and handling customer service.
3. The PARTIES agree to amend Section 1.1 of the AGREEMENT by adding the following language to that section:
Subject to the terms of this AGREEMENT, BANK will generally initiate a credit via ACH of proceeds from SALES to the DESIGNATED ACCOUNT on the business day after BANK and TMS process such SALES, provided that BANK and TMS successfully receive the complete transaction data from such SALES by the applicable cut off time as determined by BANK and TMS. Notwithstanding the foregoing, neither BANK nor TMS will be liable to MERCHANT if an ACH credit of SALES proceeds is not initiated within such one (1) business day time period. BANK and/or TMS may change the time frame for the ACH credit of SALES proceeds at any time and without notice to MERCHANT. For purposes of this section, "business day" will mean any day on which the Federal Reserve is open for business, other than Saturdays, Sundays, or state or federal holidays. In exchange for BANK crediting SALES proceeds as outlined in this section, MERCHANT will pay a FEE equal to \$ _____ per MID per month.
4. FNBO or TMS may terminate Next Day Funding service at any time.
5. Next Day Funding may shorten the processing timeframe such that corrective action on MERCHANT's processing files may not occur, therefore increasing MERCHANT's risk of loss, arising from SALES processed through Next Day Funding.
6. This AMENDMENT, together with the AGREEMENT and its other amendments, attachments, exhibits, and schedules, constitutes the entire AGREEMENT between the PARTIES as to transaction processing, and any other representations, inducements, promises, or agreements not contained herein shall be of no force and effect as to transaction processing.
7. Except as amended hereby, BANK, TMS, and MERCHANT reaffirm the obligations of each as they are contained in the AGREEMENT.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK; SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the PARTIES hereto have caused this AMENDMENT to be executed by their duly authorized officers, effective as of the date executed or approved by BANK.

First National Bank of Omaha

BANK Authorized Signature

Print Name

Title

Date

TSYS Merchant Solutions, LLC

TMS Authorized Signature

Print Name

Title

Date

MERCHANT Name
MID#:

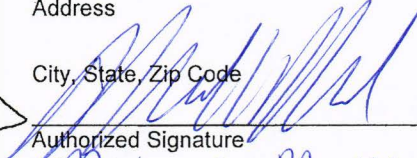
Address

City, State, Zip Code

Authorized Signature

Print Name

Title



Michael Mullis

County Manager

IN WITNESS WHEREOF, the PARTIES hereto have caused this AMENDMENT to be executed by their duly authorized officers, effective as of the date executed or approved by BANK.

First National Bank of Omaha

BANK Authorized Signature _____

Print Name _____

Title _____

Date _____

TSYS Merchant Solutions, LLC

TMS Authorized Signature [Signature] _____

Print Name _____

Title _____

Date 6/25/20 _____

MERCHANT Name
MID#:

Address

City, State, Zip Code

[Signature]

Authorized Signature _____

Print Name Michael Mullis _____

Title County Manager _____

Sharon Johns

From: Susan Gilbert
Sent: Tuesday, June 30, 2020 3:17 PM
To: Sharon Johns
Cc: Claire Shepherd; Dawn Bostwick; John Cox; Candice Vetock
Subject: RE: CM2865 TSYS, A Global Payments Company

Mr. Mullin spoke with her. I assume they have it worked out.

Susan D. Gilbert

Senior Executive Legal Assistant to Michael S. Mullin

Nassau County Attorney
96135 Nassau Place, Suite 6
Yulee, Florida 32097
Phone: (904) 530-6100
Fax: (904) 321-2658

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From: Sharon Johns <sjohns@nassaucountyfl.com>
Sent: Tuesday, June 30, 2020 3:15 PM
To: Candice Vetock <cvetock@tsys.com>; Susan Gilbert <sgilbert@nassaucountyfl.com>
Cc: Claire Shepherd <cshepherd@nassaucountyfl.com>; Dawn Bostwick <dbostwick@nassaucountyfl.com>; John Cox <jcox@nassaucountyfl.com>
Subject: RE: CM2865 TSYS, A Global Payments Company

Good Afternoon Candice and Susan,

I'm just touching base with you both to see if any resolution has been made so the agreement can be fully executed.

Please advise.

Thanks,

Sharon A. Johns
Contract Specialist
Nassau County Board of County Commissioners
Contract Management Department
96135 Nassau Place, Suite 2
Yulee, FL 32097
(904) 530-6040

From: Candice Vetock <cvetock@tsys.com>

Sent: Thursday, June 18, 2020 9:22 AM

To: Sharon Johns <sjohns@nassaucountyfl.com>

Cc: Susan Gilbert <sgilbert@nassaucountyfl.com>; Claire Shepherd <cshepherd@nassaucountyfl.com>; Dawn Bostwick <dbostwick@nassaucountyfl.com>; John Cox <jcox@nassaucountyfl.com>

Subject: Re: CM2865 TSYS, A Global Payments Company

Hi Sharon,

I apologize for the confusion. I had let Susan know that when a merchant application is signed, we have to validate the signer information in our systems with our underwriting team. The way we validate the signer is who they say they are is by their DOB & home address. Mr Mullin can provide that via email, over the phone or send a copy of his driver's license.

Please let me know the best way to receive this information. Thank you.

Yours, to Count On!

Candice Vetock
Account Executive
TSYS
+1.402.574.7044 O
+1.866.483.4731 F
cvetock@tsys.com

*A **Global Payments** Company*

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On Thu, Jun 18, 2020 at 6:15 AM Sharon Johns <sjohns@nassaucountyfl.com> wrote:

Good Morning Susan,

Mr. Mullin approved the attached agreement with TSYS for Payment Processing at the Library Branches. I returned the agreement to the vendor for final signature and received the below request. Would you be able to provide any direction, I have not come across a situation like this before and I'm a little puzzled?

Thank you in advance!

Sharon A. Johns

Contract Specialist

Nassau County Board of County Commissioners

Contract Management Department

96135 Nassau Place, Suite 2

Yulee, FL 32097

(904) 530-6040

From: Candice Vetock <cvetock@tsys.com>

Sent: Wednesday, June 17, 2020 4:24 PM

To: Sharon Johns <sjohns@nassaucountyfl.com>

Cc: Claire Shepherd <cshepherd@nassaucountyfl.com>; Dawn Bostwick <dbostwick@nassaucountyfl.com>

Subject: Re: CM2865 TSYS, A Global Payments Company

Hi Sharon,

I am just needing to gather some information from mr. Mullin to confirm signer information. He can either provide a copy of his driver's license or please provide a phone number at which i can call him to confirm his DOB & Home address (or he can email that over to me as well).

Thank you, Hope this helps!

Yours, to Count On!

Candice Vetock

Account Executive

TSYS

+1.402.574.7044 O

+1.866.483.4731 F

cvetock@tsys.com

A *Global Payments* Company

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On Wed, Jun 17, 2020 at 2:51 PM Sharon Johns <sjohns@nassaucountyfl.com> wrote:

Good Afternoon Ms. Candice,

I'm simply following up with you to check the status of the above attached contract and to see if you need anything else in order to obtain final execution.

Please let me know.

Thank you!

Sharon A. Johns

Contract Specialist

Nassau County Board of County Commissioners

Contract Management Department

96135 Nassau Place, Suite 2

Yulee, FL 32097

(904) 530-6040

From: Sharon Johns

Sent: Monday, June 08, 2020 1:11 PM

To: cshelton@tsys.com

Cc: Claire Shepherd <cshepherd@nassaucountyfl.com>; Dawn Bostwick <dbostwick@nassaucountyfl.com>

Subject: CM2865 TSYS, A Global Payments Company

Good Afternoon Ms. Candice,

Please see the attached signed Agreement in regard to payment processing for the Nassau County Library Branches. Please route for final execution and send a fully executed copy to me at your earliest convenience.

Thanks,

Sharon A. Johns

Contract Specialist

Nassau County Board of County Commissioners

Contract Management Department

96135 Nassau Place, Suite 2

Yulee, FL 32097

(904) 530-6040

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