CONTRACT APPROVAL	FORM		(Contract Management Use only) CONTRACT TRACKING NO.
CONTRACTOR INFORMATION			
Name: <u>TSYS, A Global Payments C</u>	ompany		CM2865
Address: 1601 Dodge Street- 24NW		and a state of the	VE 68102
Contractor's Administrator Name: Can	dice Shelton		State Zip ount Executive
Tel#: <u>402-574-7044</u> Fax: <u>866-483-47</u>	31 Email: cshel	ton@tsys.com	
	CONTRACT IN	FORMATION	
Contract Name: Compliance Processor A	Agreement	Value: Vouries	; Aug. \$1700/FY (All Granches)
Brief Description: Contract for TSYS pa			
Contract Dates : From:to	Status: X New	Renew Amend#	WA/Task Order
How Procured: Sole Source Sin			
If Processing an Amendment:			
Contract #: Incre	ease Amount of Existing Co	ntract.	
New Contract Dates: to			
APPROVALS PURS	UANT TO NASSAU COU	JNTY PURCHASING	POLICY, SECTION 6
1. Jawa Bostu	4/8/2		braries
Department Head Signature	Date	Su	bmitting Department
2. Contract Management	Date		712,713,714,715,716-549000 Inding Source/Acct #
3. Mh	(uhuha)		
Office of Management & Budg	et Date	1	
4.	1 4/2/2	.1	
County Attorney (approved as t	o form only) Date		
Comments:			
COL	NTY MANAGER – FINA	L.SIGNATURE APPR	ON AL
		1/1	
Michael Mull	in y	Date	/>/
RETURN ORIGINAL(S) TO CONTR		OD DISTDIBUTION	AS FOLLOWS:
Original: Cler	k's Services; Contractor (
	artment ce of Management & Budg	et	
Con	tract Management		al IMarian
Cler	k Finance	SENT TO	Maren 1+ Viay-02
		DEPT: DATE:	DINA BEACH LIBRARY
Revised 9/24/2012		FERNAN	Data

MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

					BUSI	NESS	INF	ORMA	TION						
Business Legal 1 ("MERCHANT"	Name ")Nas	(must sau C	match name on ounty Board of	tax r Cou	eturn): nt Commissioners			D/B/A: oPublic	LibraryFern	nandi	na	(*************************************	-141-34 /am		
Location Street		ss: (No	P.O. Boxes)			City		ina Beac	h	State FL		»: 034			
Contact Name: Dawn Bostwic	k		· · · · · · · · · · · · · · · · · · ·		one: 04) 530-6500	Fax	:		6	Ema dbo:	il: stwick@r	assaucou	ntyfl.co	m	
Mailing/Billing			different from Lo e 4000	catio	n)	City					State: Zip: FL 32097		Phone: (904) 530-6500		0
					BUSINESS PR	and service of		ND AS	SUMPTI	-					
# of Locations:		Tax II 8630-			Annual Visa/Master Volume (\$): 35,000	rcard/E			SALENC 191			Volume (\$.00):	Business (01/01/192	Open Date: 25
Average Ticket (2.00	(\$):	High 20.00	est Ticket (\$):)		vg. monthly Vol. (\$): 000.00		Lengi	th of Own Yr	nership: Mo		sa/Masterc		ver/Amer	ican Express	Yes No
# of Employees:			Ownership Type Gov (Fed/ST-L			ome			ation 501(c)(Yes No	100		ces Cash and	Сагту:
Type of Business Retail	S:	Pricin Reta	ng Method:			Type of Libra			ces sold: (Plea	ase inc	clude a copy	of your retu	irn/refund	policy)	
	sor: (P		nclude copy of st	atem		Diora	19 100	1	ss Website:						
Card Present 98 If CNP Choose of	mai		Card Not Present	t <u>2</u>	% = TOTAL: 10)0%		Sales t Card S	o: Consumer	95 %+	% + B Imprint	usiness%=		TOTAL: 10 Card Present	
Application Type Never Had Cre		ards	Ad	dl. Lo	cation LOC/Old MI	D:		Dun & B	radstreet #:	(If av				usiness ever es 🔽 No	declared
Do you use any t If Yes, please pro	hird p ovide	arty fu a conta	ffillment houses? act list of all third	?	Yes Z No fulfillment houses.		hc If	older data yes, plea	rk with any t ? Yes se provide a s to cardholde	conta	No ct list of al				
When is cardhold	der bil	led for	goods/services?		On Order] On	Shipn	nent Av	erage number	rofd	ays betwee	en order an	d shipme	nt?	1997
Expected date of	first t	ransac	tion?	100			Do yo	ou operate	e as a Seasona	al Me	erchant?		Yes	No	
If seasonal, indic	ate op	erating	g months:	Jan	Feb Mar		pr [May	Jun [Jul	Au	g Sep		t 🗌 Nov	Dec
a data a second		ان بالبحيد				REF	ERE	NCES							4.1.32
Bank Reference I Fifth Third Ban		:		C	Contact:			P	hone:			Acc	ount Nun	nber:	
Trade/Supplier 1	Name	:		C	Contact:			P	hone:			Acc	ount Nun	nber:	
Trade/Supplier 2	Name	::	······································	C	Contact:			P	hone:			Acc	ount Nun	nber:	
		7Ľ			VI	ISA E	DISC	LOSUI	₹E						
MEMBER BAN (ACQUIRER) INFORMATIO First National Ba of Omaha 1620 Dodge Stre Omaha, NE 6815 800-853-9586	N ink et 97	 A V dire A V The men The sett The 	Visa member is the tectly to a merchar Visa member muse Visa member is chant. Visa member is lement.	ie only nt. it be a respo respo	BANK (ACQUIREF y entity approved to e principal party to the unsible for, and must possible for all funds h unsible for educating st comply.	extend e Merc provid aeld in	accep hant A e settl reserv	Agreement ement fur re that are	Visa products nt. nds to, the derived from	s 1. 2. 3. n 4.	Ensure co storage re Maintain	equirements fraud and nd understant.	with card s. chargebao and the to	RESPONSI holder data s cks below th erms of the N	ecurity and resholds.
The responsibilit of each party and	ies lis I that t	ted abo	ove do not supers a Member (acqui	ede te irer) is	erms of the Merchant s the ultimate authori	Agree ty show	ment and the	and are p e merchar	rovided to en nt have any p	isure i roble	the mercha	nt underst	ands som	e important	obligations
Merchant Name:	Nass	au Co	ounty Board of	Cour	t Commissioners	0	(Authorize	d Signature:	x	111	4/1	///	1	
Address: 25 N 4th Fernandina Bea	Street				FL 32034		P	Print Nam	ie:	/	-	U.F.		-	
Title:			2022				I	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

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Principal/Chink:

Associate/Group: 926000 Chain/Association: 926003 MID#: MCC Gode: 9399

MURCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Marchan Application SBS Bundled

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		(must match name on t ssau County Board of (D/B/A; CoPublicLibraryFerr	andina				
Location Stree 25 N 4th Street	- 22-	ss; (No P.O. Baxes)	dam	City: Fernand	lina Beach	State: FL	Zip: 32034			
Contact Name Dawn Bosty			Phone: (904) 530-6500	Fax:		Email: dbostwic	k@nassaucoun	tyfl.com	1 <u></u>	
		ess: (11 different from Loo by Suite 4000	ition)	City: Yulce		State; FL	Zip: 32097	Phon (904) 530-6500)
			BUSINESS PI	ROFILE	AND ASSUMPTI	ONS				
or Localion		I. Tax ID: 1863042	Annuni Visa/Master Volume (\$): 35,000		ver/Amorican Express		ation Volume (\$): ,000.00		Business 0 01/01/192	
Average Tick 2.00	u (\$):	Highest Ticket (\$): 20,00	Avg. monthly Vol. (5): 2,000,00	Len	gth of Ownership; Yr, Ma		stercard/Discove	a/Americ	an Express	Yes No
# of Employ		Ownership Type: Gov (Fed/ST-Lo	ocal)		le Organization 501(c)		lo. 100		es Cash and	Carry:
Type of Bush Retail	C222	Pricing Method: Retail		Type of Go Library fe	oods/Services sold: (Pie	ase faciludo i	i copy of your retur	Wrofund p	olicy)	
	essor;	Please Include copy of ste	(cinents)		Business Websile:				4	
Card Present		% + Card Not Present Retail Internet	2%=TOTAL: 10	20%	Sales to: Consumer Card Swipe	95 9 % + linpri	a + Business int% = 1		TOTAL: 10 Card Present	
Application T Never Had	B	Add	I. Location LOC/Old MI	D:	Dun & Bradstreet #:	(if availab	le) Have you or bankruptcy/			leclared
If Yes, please	provid	party fulfillment houses? a contact list of all third fied for goods/services?	party fulfillmont houses.		Do you work with any tholder data? [1] Yes folder data? [1] Yes If yes, please provide a have access to cardhold ment Average pumbe	contact list or data,	of all third parts	es and so	flware vend	
Expected date	4B		End On Study E		you operate as a Season			Yes W		
	e	perating months:	an Feb Mar			Jul			Nov	Dec
				CONTRACTOR OF CONT	ENCES					
Dank Refered			Contact;	et the second sec	Pliane:	CORPORT ON	Manadalahata a sa sa sa			
Frade/Supplie		(d:	Contact;		Phone:	<u></u>				
Trade/Supplie	2 Nan	ie;	Conlact:		Phone:	~	•			
			v	ISA DIS	CLOSURE			Carry S		-
MEMBER B	NK	IMPORTANT MEMB		A CALL OF CALL	R CONTRACTOR STORE	IMPO	RTANTO			
INFORMAT	ION	1. A Viss member is the directly to a merchan	only entity approved to	extend sco	eptance of Visa product	s I. Eds	ure compli nge require			
First National of Omaha		3. The Visa member is	be a principal party to the	e Merchant provide set	Agreement.	J. Rev	nioin frauc icw and processo		rated the state in	nas corporaș
1620 Dodge \$ Omaha, NE 6 800-853-9586	197	settlement.	responalize (or n)) funds) responsible for educating a nust comply,		and the second second	m .4. Com	cement. aply with Visa R	ules.		
The responsib	dities ti	ted above do not superse the Visa Member (acquir	de terms of the Merchan er) is the ultimate outlior	Agreemen	t and are provided to enter the merchant have any p	sure the n	acrehant understa	nds some	important o	ligations
Merchant Nau	Na	san County Board of (Count Commissioners	C	Authorized Signature;	x //	1114/1	M	1	
Address; 25 N Femandina	By Sire		FL 37034		Print Name;	/				
Tille;	Supplication of				Date: 03/1 (/2020					
Adures 25 N	Leich Reich	SYS Morclant Solutions,	FL 37836	10	Dáte: 03/1 (/2020	, 1620 Dod	ige Street, Ofnahr	i, NB 68	192	

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MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

	100 CON			BUSI	NESS IN	NFO	RMATION					
Business Legal ("MERCHANT	Name (mus ")Nassau (t match name County Boar	e on tax d of Co	return): unt Commissioners	Busine Nassau		/B/A: PublicLibraryCalla	ahan				
Location Street 450077 State I		all states and states)		City: Callah	nan		State: FL	Zip: 32011			
Contact Name: Dawn Bostwic	ck			hone: 904) 530-6500	Fax:			Email:	k@nassa	ucountyfl	.com	
Mailing/Billing 76347 Veteran	and the second		n Locati	on)	City: Yulee			State: FL	Zip: 32097		Phone: (904) 530-6500)
				BUSINESS PR	ROFILE AND ASSUMPTIONS							
# of Locations:	Fed. Tax 59-1863			Annual Visa/Master Volume (\$): 35,000	card/Disc		The rest of the second second	Loca	tion Volu	ıme (\$):	Business O 01/01/192	
Average Ticket 2.00	(\$): Hig 20.0	hest Ticket (\$	20 A 40 A	vg. monthly Vol. (\$): ,000.00			of Ownership: Yr Mo		astercard/l		merican Express	Yes No
# of Employees		Ownership T Gov (Fed/S		1)	Charita	ble O	Organization 501(c)(3	3): Y N			ervices Cash and	Сагту:
Type of Busines Retail		ing Method:		1	Type of C Library		s/Services sold: (Plea	ise include a	copy of yo	our return/refi	und policy)	
Previous Proces	sor: (Please	Include copy	of staten			1	Business Website:					
Card Present 98 If CNP Choose		- Card Not Pr	esent 2	% = TOTAL: 10	0%		Sales to: Consumer Card Swipe	95 % % + Impri	6 + Busine nt	ss % = TOT	% = TOTAL: 10 AL Card Present	0% %
Application Typ Never Had Cr	pe:		Addl, L	ocation LOC/Old MIE):	D	un & Bradstreet #: ([If availab]			ar business ever d Yes 🖌 No	eclared
Do you use any If Yes, please pr				Yes No ty fulfillment houses.		hold If ye	you work with any th ler data? Yes es, please provide a c e access to cardholde	No contact list				
When is cardhol	lder billed fo	or goods/servi	ces?	On Order] On Shi	ipmer	nt Average number	of days b	etween or	der and ship	oment?	
Expected date o					Do	you	operate as a Seasona				s 🔽 No	
If seasonal, indi-	cate operation	ng months:	Jan	Feb Mar	Apr			Jul	Aug	Sep	Oct Nov	Dec
Bank Reference Fifth Third Bar				Contact:	REFE	KEN	Phone:	-		Account	Number:	
Trade/Supplier 1				Contact;			Phone:			Account N	Number:	
Trade/Supplier 2	2 Name:			Contact:			Phone:		<u></u>	Account N	Number:	
	1.5% I.T.			VI	SA DIS	SCLO	OSURE			Contraction of the		
MEMBER BAI	NK IMP	ORTANT M	EMBER	BANK (ACQUIRER				IMPO	RTANT	MERCHAN	NT RESPONSIE	BILITIES
(ACQUIRER) INFORMATIC First National B of Omaha 1620 Dodge Str Omaha, NE 681 800-853-9586	DN 1. A di ank 2. A 3. TI eet m 97 4. Ti se 5. Ti	Visa member rectly to a men Visa member he Visa memb erchant. he Visa memb ttlement.	is the or rchant. must be er is resp er is resp er is resp	a principal party to the ponsible for, and must p ponsible for all funds h ponsible for educating p	extend acc Merchar provide se eld in rese	ceptai nt Ag ettlen erve t	nce of Visa products greement. nent funds to, the that are derived from	stora 2. Main 3. Revi Agree	nge requirent ntain fraue iew and un eement.	ements. d and charge	cardholder data so ebacks below thr ne terms of the M	esholds.
				terms of the Merchant is the ultimate authori					erchant ur	derstands s	some important o	bligations
Merchant Name	² Nassau C	County Board	l of Cou	int Commissioners	(Au	thorized Signature: 2	x ///	M	11/	100	
Address: 450077 Callahan	State RD 200	Unit 15		FL 32011		Pri	nt Name:	11	11	10		
Title:						Dat	te: 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

-1)

Principal Bank:

Associate/Group: 926000 Chain/Association: 926003 MID#:

MCG Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Herchant Application SBS Bundled

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Business	egal Num	e (must match man	e on lax rel	lern):	Business	D/B/A:	m11-070				
('MERCH	ANT	assau County Boar	d of Coun	1 Commissioners	NassauC	oPublicLibraryCal	ahan				
		ress; (No P.O. Boxes) 200 Unit 15)'		City: Callahan	i	State; FL	Zip 32	e 011		
Contact Na Dawn Bos	twick			4) 530-6500	Pax:				assaucount		·····
		ress: (If different from ay Suite 4000	m Location)		City: Yulce	Carrier Charles Contractor	State: FL	Z1 32	e 097	Phoe (904	ne: 1) 530-6500
		N. STANDAR	$C = \frac{1}{2} (x_{1}, y_{2})$	BUSINESS P	ROFILEA	AND ASSUMPTI	ONS				
# of Local		d. Tax ID: 1-1863042		Annual Visi/Mastr Volume (\$):35,00	acerd/Discov 0,00	er/American Express	3	5,000			Business Open Date 01/01/1925
Average 1	thei (S):	Highest Ticket (S	C. C	g. monthly Vol. (S) 00.00	c Long	th of Ownership; Yr Mo	Visi/N Curren	Insiero itly Ac	ard/Discover cepted?	r/Ameria	can Express 2 Ye
# of Emplo	i.	Ownership Gov (Fed/S				e Organization 501(c)		Yes No	100		es Cash and Corry:
Type of Be	siness	Pricing Method: Retail	and the second		Type of Go Library fe	ods/Services sold: (P)	saso include	в сору	of your return	/refund p	policy)
Retail Previous I	pcessor;	(Picase include copy	of stateme	nis)	Lower to	Business Website:			<u></u>		
Card Prese	11 <u>98</u> osc onc.	% + Card Not Pr Retail Internet	resept 2	_ % = TOTAL: I	00%	Sales to; Consume Card Swipe	r <u>95</u> %+linp	% + B	usiness %= Ti	%=	TOTAL: 100% Card Present %
Application Never Hit		Cards	Addl. Log	milion LOC/Old Mi	ID;	Quia & Bradstreet #;	(If availa	ble)	Have you or backruptcy?	your bu	siness over declared
Il Yes, pier	it provid	le a contact list of all	tuno barty	untinneni hooses.	1	older data? () Ye f yes, please provide a ave access to cardholi	contact la	st of a	i third parties	s und so	ftware vendors who
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When is cr Expected d If sensonal Bank Refer Fifth Thirr Trade/Supp Trade/Supp Trade/Supp MEMBER (ACQUIR INPORM/ First Nation of Orgena 1620 Donal 1620 Donal 1620 State 800-853-95	initian initia	billed for goods/servi at transniction? operating months: inc; met: IMPORTANT M 1. A. Visa member directly to a me 2. A. Visa member directly to a me 2. A. Visa member directly to a me 2. A. Visa member merchant, 4. The Visa member settlement, 5. The Visa memb settlement, 5. The Visa member settlement, 5. The Visa member settlement, 5. The Visa member with which mer	ices?	On Order Feli Mar onlact: antact: ANK (ACQUIRE rently approved to principal pirty to U nsible for, and uns nsible for all (unds assible for educating a comply. ms of the Merchan	On Ships Do y Do y TApr TAF RESERI ISA DISC RESPON Accept Aprentiant provide sett heid in reserv merchants c merchants c merchants c	yes, please provide a ave access to cardhol ment Average numb on operate as a Sensor May Jun May Jun May Jun NCESI Phone: Phone	eontact li ler data. r of days nl Merchu J-Jul J-Jul Is li, En Sto 2, Ma 3, Re Agm 4; Co s s	Stof al befiver ant? Au ORTA Sure co sure of sure of sure of sure of sure of sure of sure of sure of sure of sure of sure	en order and g Scp g Scp Uses NT MERCP ompliance wi squirements, fraud and ela and understan at. with Visa Ru	shipmen Yes R Oct ANT F ith cardinar pebace at the tes	n? No. Noy De De RESPONSIBILITIE wider data security a ka below thresholds, rms of the Merelsiant
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MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

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Business Legal N ("MERCHANT")							/B/A: PublicLibraryBryc	eville	•				
Location Street A 7280 Motes Ros		s: (No P.O. Boxes)			City: Bryce	ville		State: FL	Zip 320				
Contact Name: Dawn Bostwick	(none: 04) 530-6500	Fax:			Emai dbos	l: twick@n	assaucou	intyfl.co	m	
Mailing/Billing A 76347 Veterans		s: (If different from Suite 4000	Locatio	n)	City: Yulee	;		State: FL		o: 097	1	one: 4) 530-650	0
				BUSINESS PR	PROFILE AND ASSUMPTIO								5988 -59
# of Locations:		Tax ID: 863042		Annual Visa/Master Volume (\$): 35,000	card/Dis			Location Volume (\$): Business Open I 35,000.00 01/01/1925					-
Average Ticket (\$ 2.00		Highest Ticket (\$): 20.00		vg. monthly Vol. (\$): 000.00		ength	of Ownership: Yr Mo			ard/Disco	ver/Amer	ican Express	Yes No
# of Employees:		Ownership Ty Gov (Fed/ST)	Charita	Charitable Organization 501(c)(3): Yes % of Goods/Services Ca						ces Cash and	Carry:
Type of Business Retail	:	Pricing Method: Retail		1	Type of Library		s/Services sold: (Plea	ase incl	ude a copy	of your ret	urn/refund	policy)	
Previous Processo	evious Processor: (Please Include copy of statements) rd Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: CNP Choose one: Retail Internet					Business Website:							
Card Present 98 If CNP Choose of	etail Retail evious Processor: (Please Include copy of statements) ard Present <u>98</u> % + Card Not Present <u>2</u> % = TOTAL: CNP Choose one: Retail Internet						Sales to: Consumer Card Swipe	95 % + I	% + Bi mprint			TOTAL: 10 Card Present	
Application Type Never Had Cree			Addl. Lo	ocation LOC/Old MIE):	D	un & Bradstreet #: ((If ava	ilable)	Have you pankruptc	or your by y? 🏼 Y	usiness ever es 🔽 No	declared
						hold If ye	you work with any the ler data? Yes es, please provide a c e access to cardholde	contac	No t list of all				
When is cardhold	ler bill	led for goods/service	s?	On Order] On Sh	ipme	nt Average number	rofda	ys betwee	n order ar	d shipme	nt?	
Expected date of	first tr	ransaction?			Do	o you	operate as a Seasona	al Mer	chant?	Ľ	Yes	No No	
If seasonal, indica	ate op	erating months:	Jan	Feb Mar	Apr		May Jun] Jul	Aug			et 🗌 Nov	Dec
					REFE	REN	ICES						
Bank Reference N Fifth Third Banl			C	Contact:			Phone:			Acc	ount Nun	nber:	
Trade/Supplier 11	Name	:	0	Contact:			Phone:			Acc	ount Nun	nber:	
Trade/Supplier 21	Name	:	(Contact:			Phone:			Acc	ount Nun	nber:	
	-	ALL		VI	SA DI	SCL	OSURE						
 VIS MEMBER BANK ACQUIRER) INFORMATION First National Bank of Omaha A Visa member is the only entity approved to exdirectly to a merchant. A Visa member must be a principal party to the 3. The Visa member is responsible for, and must prince that. The Visa member is responsible for all funds hell settlement. The Visa member is responsible for educating ministry with which merchants must comply. 					R) RESP extend ac e Mercha provide s eld in res	RESPONSIBILITIES IMPORTANT MERCHANT RE. tend acceptance of Visa products 1. Ensure compliance with cardhole storage requirements. Merchant Agreement. 2. Maintain fraud and chargebacks ovide settlement funds to, the 3. Review and understand the term. Agreement. d in reserve that are derived from 4. Comply with Visa Rules.				holder data s cks below th	ecurity and resholds.		
The responsibiliti of each party and	es list that t	ed above do not sup he Visa Member (ac	ersede t quirer) i	erms of the Merchant is the ultimate authori	Agreeme ty should	ent an I the n	d are provided to en nerchant have any pr	sure the	ne mercha	nt underst	ands som	e important o	obligation
Merchant Name:	Nass	au County Board	of Cou	nt Commissioners	(Au	thorized Signature:	x	/1/		W		
Address: 7280 Mot Bryceville	es Roa	d		FL 32009		Pri	nt Name:						
Title:						Da	te: 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

Principal/Bai

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

MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Mercuant Application SBS Bundled

	Name	must match inme on t	ax relatals	Business	D/B/A:	Contraction of the local division of the loc		
MERCHAN)Na	sau County Board of	Count Commissioner		CoPublicLibraryBryc	eville		
Location Stree 280 Motes		ss: (No P.O. Bazes)		City: Brycevi	lle	State: FL	Zip: 32009	
Contact Name Dawn Bostw	Sec	and an and a second	Phone; (904) 530-6500	Fax:		Emeil: dbostwik	ck@nassaucou	unlyfl.com
		ss: (If different from Loc Suite 4000	ention)	City: Yulce	3	State: FL	Zip: 32097	Phone: (904) 530-6500
			BUSINESS P	ROFILE	AND ASSUMPTIC	ÓNS 👘		
of Location		Tex ID: 863042	Annual Visn/Muste Volume (\$):35,00	ercard/Disco 0.00	ver/American Express		ation Volume (1 5,000.00	5):: Business Open Date 01/01/1925
Verage Tick	e (\$):	Highesl Tickel (5): 20.00	Avg. monthly Vol. (\$) 2,000.00): Long	gth of Ownership: Yr Mo		asterenre/Disco Ily Accepted?	ver/American Express
f of Employe		Ownership Type: Gov (Fed/ST-L			le Organization 301(c)(4a 100	ods/Services Cash and Carry:
Type of Busin Retail CA	22	Pricing Method:	Sconn	Type of Go Library fo	oods/Services sold; (Ple ies	asa includo	s copy of your rel	num/refund policy)
		lease Include copy of str			Business Website:			
Card Present	A	% + Card Nol Present Retail Internet	2 %=TOTAL: 1	100%	Sales tor Consumer Card Swipe	95 9 % + Impr	% + Business int% =	% = TOTAL: 100% TOTAL Card Present %
Application T Never Had (202		IL Location LOC/Old M	IQ:	Dun & Bradstreet fr:	(If availab		or your business over declared y? _ Yes _ No
		party fulfiliment houses? a contact list of all third		- h	Do you work with any d holder data?	Contact Tis	is or software vo	endors who have access to card- tics and software vendors who
When is bardl	States to		······					
a ster to entor	dinet.n	pled for goods/services?	On Order	Ci On Ship	ment Average number	r of days b	ietween order at	nd shipment?
	23. SA-		On Order		ment Average number			nd shipment? Yes 2 No
expected date	of first			Do y	ou operaie as a Scason		nt? C	Yes No
xpected date	of first	fransaction?		Do y	ou operale as a Season	al Merchu	nt? C	Yes No
Expected date Fseasonel, in lank Referen	of first cate of	ransaction? perating months:		Do y	ou operale as a Season	al Merchu	nt? C	Yes No
Expected date Escaronel, in ank Referent ifth Third B	f first cate o Nam sink	fransaction? perating ynoolles	lan DFcb Mar	Do y	ou operale as a Scason May Jua ENGES	al Merchu	nt? C	Yes No
Expected date Esconorel, in Bank Referent ifth Third E rade/Supplie	of first cate of Nam nk I Nan	ransaction? perating moolks:	lan DFcb Mar	Do y	ou operale as a Scason May Jun ENCES Phone:	al Merchu	nt? C	Yes No
Expected date If seasonel, in Bank Referent Tith Third E Trade/Supplie	of first cate of Nam nk I Nan	ransaction? perating moolks:	Jan Feb Mar Contact: Contact: Contact:		Nay Jin Receiption	al Merchu	nt? C	Yes No
Expected date	I first cate e Nain 2 Nain 2 N	Important memory	Ian Freb Mar Contact: Contact: Contact: Contact: Contact: ER BANK (ACQUINE e only onsity approved to the principal party to t responsible for all linuda responsible for all linuda	Do y Do y REFER REFER /ISA DISO ER) RESPOI a extend acce the Merchanl st provide set held in reser	Agreement, Uning Juin C Phone: Phon	al Merchau Juil Dimpo s J. Ens sloc 2. Mai 3. Rev Agra	nt?	Yes No p Oct Nov Des CHANT RESPONSIBILITIE with cardholder data security at a, chargebacks below thresholds. inard the terms of the Merchant
Expected date F seasonal, in Saak Referent Ifth Third E rade/Supplie YEMBER 0 A CQUIRER NFORMAT WEMBER 0 COURTER NFORMAT Trst. National 620 Dodge S Duraha, NE 6 00-853-9586 The responsib f cach party	of first a chain ank ank (1 Non 2 Nain (1 Non 2 Nain (NK DN Gank (197 197 (fities If and that	Intransaction? perating woolls: []] ar: c: MPORTANT MEME 1. A Visa member is the directly to a merchan 2. A Visa member is so merclant, 4. The Visa member is is settlement. 5. The Visa member is settlement. 5. The Visa member is with which merchant	Ian Feb Maria	Do y Do y REFER REFER VISA DISC ER) RESPOI a extend acce the Merchant of provide set provide set provide set provide set a provide set o held in reser g merchants of a standacce	A premier as a Season May Jun E ENCES Phone: Phone	al Merchau Juil MiPO s J. Ens slor 2. Mai 3. Rev Agr a 4. Cot soure the n	nt7	Yes No p Oct Nov Des CHANT RESPONSIBILITIE with cardholder data security at a, chargebacks below thresholds. inard the terms of the Merchant
Expected date Fscasoniel, in Fscasoniel, in Inh Third H rade/Supplie Taide/Supplie MEMBER D A CQUIRER NFORMAT Tirst National GOusha GOUGES Jonalia, NE 6 00-853-9586 he responsib f cach party Aerobint Nat	of first alcate of alcate of ank I Non 2 Nain 2 Nain KNIK DN Sank 197 Sank 197	Intransaction? perating woolls: []] perating woolls: []] r: c: MPORTANT MEME 1. A Visa member is the directly to a merchan 2. A Visa member is the directly to a merchan 2. A Visa member is the directly to a merchan 3. The Visa member is the merclant. 4. The Visa member is settlement. 5. The Visa member is settlement. 5. The Visa member is the visa member i	an Feb Mar Contact: C	Do y Do y REFER REFER VISA DISO (2R) RESPOI a extend acce the Merchant st provide set bled in reser g merchants (bled in reser g merchants (A premier as a Season May Jun E ENCES Phone: Phone	al Merchau Juil MiPO s J. Ens slor 2. Mai 3. Rev Agr a 4. Cot soure the n	nt7	Yes No p Oct Nov Des CHANT RESPONSIBILITIE with cardholder data security at a, chargebacks below thresholds. thand the terms of the Merchant Rules.
Expected date Expected date If seasonel, in Bank Referent Thith Third E Trade/Supplie Trade/Supplie MEMBER 0 (A CQUIREN MFORMAT Pirst National of Outoba 1620 Dodge S B00-853-9586 The responsib	of first alcate of alcate of ank I Non 2 Nain 2 Nain KNIK DN Sank 197 Sank 197	Intransaction? perating woolls: []] perating woolls: []] r: c: MPORTANT MEME 1. A Visa member is the directly to a merchan 2. A Visa member is the directly to a merchan 2. A Visa member is the directly to a merchan 3. The Visa member is the merclant. 4. The Visa member is settlement. 5. The Visa member is settlement. 5. The Visa member is the visa member i	an Feb Mar Contact: C	Do y Do y REFER REFER VISA DISO (27) RESPOI a extend acce the Merchant st provide set bledd in reser g twerchants of the Agreement wity should it	Nay Jun Control of the second operate as a Season of May Jun Control of Season of Seas	al Merchau Juil MiPO s J. Ens slor 2. Mai 3. Rev Agr a 4. Cot soure the n	nt7	Yes No p Oct Nov Des CHANT RESPONSIBILITIE with cardholder data security at a, chargebacks below thresholds. thand the terms of the Merchant Rules.

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MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

			BUSI	NESS I	NFC	ORMATION						
Business Legal Nam ("MERCHANT") _{Na}	e (must match nam assau County Boar	e on tax 1 d of Cou	return): Int Commissioners	Busine Nassa		/B/A: PublicLibraryYule	ee					
Location Street Add 76347 Veterans W	ress: (No P.O. Boxes av Suite 4000)		City: Yulee			State FL	- BE	ip: 2097			
Contact Name:		PI	hone:	Fax:			Emai					
Dawn Bostwick	i i i	<u>`</u>	04) 530-6500	-					nassaucounty	fl.com		
Mailing/Billing Add 76347 Veterans W		m Locatio	m)	City: Yulee	;		State FL	× 1	ip: 2097	Phone (904)	: 530-6500)
			BUSINESS PR	ROFILI	EAN	ND ASSUMPTIC	ONS					
	d. Tax ID: -1863042		Annual Visa/Master Volume (\$): 35,000		cover	American Express		Location 35,000	1 Volume (\$): 0.00		Business O)1/01/192	pen Date: 5
Average Ticket (\$): 2.00	Highest Ticket (\$ 20.00		vg. monthly Vol. (\$): 000.00	Le	engtlı	of Ownership: Yr Mo			card/Discover//	America	n Express	Yes No
# of Employees:	Ownership 7 Gov (Fed/S)	Charita	able C	Organization 501(c)(3):	Yes No	% of Goods/s	Services	Cash and	Сагту:
Type of Business: Retail	Pricing Method: Retail		3	Type of C Library		s/Services sold: (Plea	ase inc	lude a copy	y of your return/re	fund poli	icy)	
Previous Processor: (ofstatem		Diorary		Business Website:						
Card Present <u>98</u> If CNP Choose one:	_ % + Card Not Pr Retail Internet	esent 2	% = TOTAL: 10	0%		Sales to: Consumer Card Swipe	95 % + I	% + E mprint	Business % = TO?	% = To FAL Ca	OTAL: 10 rd Present	0% %
Application Type: Never Had Credit	Cards	Addi. Lo	ocation LOC/Old MID);	D	oun & Bradstreet #: ((If ava	uilable)	Have you or yo bankruptcy?	our busin	ness ever d	eclared
Do you use any third If Yes, please provid	party fulfillment hou e a contact list of all	uses?	Yes 🔽 No y fulfillment houses.		hold If ye	you work with any th der data? Yes es, please provide a c e access to cardholde	contac	No t list of a				
When is cardholder b	illed for goods/servi	ces?	On Order] On Sh	ipme	nt Average number	ofda	ys betwe	en order and shi	ipment?		
Expected date of first	transaction?			Do	you	operate as a Seasona	al Mer	chant?	T Ye	es 🔽	No	
If seasonal, indicate of	operating months:	Jan	Feb Mar	Apr		May Jun	Jui	Au	ig Sep	Oct	Nov	Dec
				REFE	REN	ICES						
Bank Reference Nam Fifth Third Bank	e:	C	Contact:			Phone:			Account	Numbe	r:	
Trade/Supplier Nan	ne:		Contact:			Phone:			Account	Numbe	r:	
Trade/Supplier 2 Nan	ne:	C	Contact:		·····	Phone:			Account	Numbe	r;	
			VI	SA DIS	SCL	OSURE						
MEMBER BANK	IMPORTANT M	EMBER	BANK (ACQUIRER) RESP	ONSI	IBILITIES	IM	IPORTA	NT MERCHA	NT RE	SPONSIB	ILITIES
(ACQUIRER) INFORMATION First National Bank of Omaha 1620 Dodge Street Omaha, NE 68197 800-853-9586	directly to a men 2. A Visa member 3. The Visa member merchant. 4. The Visa membr settlement.	rchant, must be a er is respo er is respo er is respo	y entity approved to e a principal party to the onsible for, and must p onsible for all funds he onsible for educating r ist comply.	Merchar provide s eld in res	nt Ag ettlen erve t	preement. ment funds to, the that are derived from	2. 3.	storage r Maintain Review a Agreeme	ompliance with equirements. I fraud and charg and understand i ent. with Visa Rules	gebacks the term	below three	esholds.
			erms of the Merchant . s the ultimate authorit						ant understands	some ir	nportant o	bligations
Merchant Name: Nas	ssau County Board	l of Cour	nt Commissioners	(Au	thorized Signature:	X	11	11100	/		
	s Way Suite 4000		FL 32097		Pri	nt Name:						
Title:	A1 (64)				Dat	te: 03/11/2020				i at		

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

Principal Bank:

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CINESCONDING PRO

Associate/Group: 926000 Clinic/Association: 926003 MIDH: MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT - MERCHANT APPLICATION

202001 Herchant Application SBS Bundled

			BUSIN	IESS INF	ORMATION				
Business leg ("MERCEAT	al Nam	e (must match name on ssau County Board of	tax return): Count Commissioners	Business I NassauCt	D/B/A: pPublicLibraryYule	t			
Location Sire	ici Addi	ess: (No P.O. Boxes)	Bly	City:		State:	Zipi	7960	
Contact Name		BY SUBCION WI	Phone: 9	Yulce . Fax:		FL	32097		
Dawn Bestv			(904) 530-6500				@nassaucoun		
		ess: (If different from La ay Suile 4000	calion)	City: Yulee		State: FL	Zip: 32097	Phon (904) 530-6500
			BUSINESS PR	OFILE A	ND ASSUMPTIC	ONS			
Fof Local pa	59	d. Tax ID: -1863042	Annual Visa/Mastere Volume (S): 35,000	card/Discove .00	Amoritan Express	1.	tion Volume (\$): 000.00		Business Open Date: 01/01/1925
Average fack	discion	Highest Ticket (S): 20,00	Avg, monthly Vol. (\$): 2,000.00		h of Ownership: Yr Mo	Currently	stercard/Discove y Accepted?	r/Americ	an Express I Yes
f of Employe	ICS! Mittania	Ownership Type Gov (Fed/ST-I		Charituble	Organization 501(c)(:	II: Yo		Is/Scryle	es Cash and Carry:
Type of Barin Retail	nesss	Pricing Method: Retail		Type of Goo Library fee	ds/Services sold: (Plea	se include a	copy of your return	vrefund p	olicy)
12.9	cessor: (Please Include copy of a			Business Website:				
and Present	98 E	% + Card Not Presen	1 2 % - TOTAL 10	0%	Sales to: Constimer Card Swipe	95 % % + Imprir	+ Business nt % = T		TOTAL: 100% and Present %
Application 7 Never Hadi		٨٩	dl, Location LOC/OH MID	n 1	Dim & Bradstreel #: (1 Favnil able) Have you or bankruptcy?		sincis over declared
xpicoled date	c of firs	tilled for goods/services? (transaction? operating months:		Do yo	yes, please provide a c ve necess to pardiolde ent Average number o operate as a Seasons May Jun	of days be Merchan	tiveen order and ?	shipmen Yes K	n No
ank Refer		e:	Conlact:	REFERE	NCES Phone:				
inh Third		ndi	Confact:		Plione;				
rade/Supple	T2 Nu	rie:	Contact:		Phone;	**			
				SADISO	LOSURE				
MEMBER I (ACQUIUR) INFORMAD First Nations of Omaha 1620 Dodges Omaha, NE 6 800-853-958	R) ION Bank Street B197	 A Viss intember is the directly to a merchanical sector of the member mutation. A Visa member mutation of the direct sector of the	BER BANK (ACQUITER in only entity approved to e ut, si be a principal party to the responsible for, and must p responsible for all funds in responsible for educating r	a) RESPON extend pocep Merchinat A piuvide settle chd in reserve	SIBILITIES tance of Vise products (greement. ensent funds to, lite e that are derived from	1. Epsu storn 2. Main 3. Revi Agre 4. Com	re compliance w ge requirements, tain fraud and cl	ith cardh iargodac ad the ies	ESPONSIBILITIES older data security and ks below thresholds, ms of the Merchan
The response of each party	ulitics and the	isted above do not supers the Visa Member (acqu	sede terms of the Merchant irec) is the ultimate authorit	Agreement a	and me provided to en	suppliering inc	schont underst	tes some	inputtant obligations
vierchant Ne	nc: Na	ssan County Board of	Count Commissioners	¢	uthorized Signature	SUN	11110	1	
dilcess: 76.1	Velera	way Suite 1000	PL	P	rint Name	1			
	54 B			10	Date: 03/11/2020				

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MERCHANT TRANSACTION PROCESSING AGREEMENT --- MERCHANT APPLICATION

202001 Merchant Application SBS Bundled

CONFIDENTIAL

				BUSI	NESS I	NF	ORMATION						
Business Legal I ("MERCHANT"	Name (")Nass	must match name au County Boar	e on tax i d of Cou	return): int Commissioners			D/B/A: Co Public Library H	illarc	i				
	Addres	s: (No P.O. Boxes)			City: Hillia	rd		State FL		ip: 2046			
Contact Name: Dawn Bostwic	k			none: 04) 530-6500	Fax:			Ema dbos		nassaucou	intyfl.co	m	
Mailing/Billing 76347 Veteran		s: (If different from Suite 4000	n Locatio	n)	City: Yulee	,		State FL	e: 2	Lip: 2097	Pho	one: (4) 530-650	0
Netowiki Sahija -				BUSINESS PR	OFILI	ΕA	ND ASSUMPTIC	ONS	-	W. Walt			
# of Locations:	1	Tax ID: 863042		The second s	card/Dise		er/American Express			1 Volume (: 0.00	6):	Business (01/01/192	Open Date: 25
Average Ticket		Highest Ticket (\$ 20.00		vg. monthly Vol. (\$): 000.00	Le	engt	h of Ownership: Yr Mo			ccard/Disco	ver/Amer	ican Express	Yes No
# of Employees:		Ownership 7 Gov (Fed/S)	Charita	able	Organization 501(c)(3):	Yes No	% of Go 100	ods/Servi	ces Cash and	Carry:
Type of Busines Retail	s:	Pricing Method: Retail			Type of Library		ds/Services sold: (Plea s	isc inc	lude a cop	y of your ret	urn/refund	policy)	
	sor: (Ple	ease Include copy	of statem				Business Website:			5915		2	
Card Present 98 If CNP Choose of		% + Card Not Protect	esent 2	% = TOTAL: 10	0%		Sales to: Consumer Card Swipe	95 %+	% + 1 Imprint	Business %=	%= TOTAL	TOTAL: 10 Card Present	0% %
Application Typ Never Had Cre		rds	Addl. Lo	cation LOC/Old MID):	1	Dun & Bradstreet #: ((If av	ailable)			usiness ever es 📝 No	declared
		rty fulfillment hou contact list of all		Yes 🔽 No y fulfillment houses.		ho If	you work with any the lder data? Yes yes, please provide a cover access to cardholde	conta	No ct list of a				
When is cardhol	der bill	ed for goods/servi	ces?	On Order] On Sh	ipm	ent Average number	r of d	ays betwo	een order ar	id shipme	nt?	
Expected date of	first tr	ansaction?			Do	you	u operate as a Seasona	al Me	rchant?		Yes	No	
If seasonal, indic	ate ope	erating months:	Jan	Feb Mar	Apr		May Jun	Jul	A	ug Sej		t Nov	Dec
			n Skiloatt		REFE	RE	Alternation and the second	a aga da					
Bank Reference			C	Contact:			Phone:				ount Nun		
Trade/Supplier 1	Name:		0	Contact:			Phone:				ount Nun		
Trade/Supplier 2	Name:		0	Contact:			Phone:			Acc	ount Nun	nber:	
				VI	SA DI	SCI	LOSURE					in an	
MEMBER BAN (ACQUIRER) INFORMATIO First National Ba of Omaha 1620 Dodge Stre Omaha, NE 6819 800-853-9586	N ¹ ank 2 set 97 4	 A Visa member directly to a men A Visa member The Visa memb merchant. The Visa memb settlement. 	is the only chant. must be a er is respo er is respo er is respo	BANK (ACQUIREF y entity approved to e a principal party to the onsible for, and must j onsible for all funds h onsible for educating i	R) RESP extend ac e Mercha provide s eld in res	ON: cept ant A settle serve	SIBILITIES ance of Visa products greement.	s 1. 2. 3. n 4.	Ensure o storage i Maintain Review Agreem	compliance requiremen n fraud and and unders	with card ts. chargeba and the to	RESPONSII holder data s cks below thi erms of the M	ecurity and resholds.
The responsibilit of each party and	ties lister that the	ed above do not su le Visa Member (a	persede t cquirer) i	erms of the Merchant s the ultimate authori	Agreeme ty should	ent a l the	nd are provided to en merchant have any pi	sure i	the merch	ant unders	ands som	e important o	obligations
Merchant Name:	Nassa	au County Board	l of Cou	nt Commissioners			uthorized Signature:	×	M/	111	MA		
Address: 15821 C Hilliard	ounty Rd	108		FL 32046		P	rint Name		V	1.10	/		
Title:						D	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

Principal Bank:

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Associate/Oroup: 926000 Chain/Association: 926003 MIDE:

MCC Code: 9399

MERCHANT TRANSACTION PROCESSING AGREEMENT - MERCHANT APPLICATION

202001 Merch int Application SBS Bundled

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PLANE.	1023	83.85	A 9-19-1		
CON	C 24 I	DP	SI I I	AL	ù

Business L	igal Na	ns (must match nas	ne on lax	return):		a D/B//			a state			
"MERCH	VNL.	lassau County Bos	ird of Con	unt Commissioners		Co Pu	blic Library Hi		1			
5821 Co	inty Rd	Iress: (No P.O. Boxs 108			City: Hilliard	1		State: FL	2i) 32	p: 046		
Contact No Down Bos	Iwick		(5	hone: 004) 530-6500	Pax:			Email: dbostwi	ck@	nassaucoun	lyfi,com	
		dress: (If different fr Vay Suite 4000	om Locatio	(00)	City: Yulce			State: FL	100 C	ip: 2097	Phone: (904) 530-65	100
				BUSINESS P	ROFILE	AND	ASSUMPTIC	DNS		的目的		
of Local	5	ed. Tax ID: 9-1863042		Annual Visa/Moste Volume (\$):35,000	reard/Disco 0.00	wer/An	orlean Express		niion 5,000	Volume (S):	Businca 01/01/1	Open Date 925
Average T	kci (S)	Highest Ticket (20.00		vg. monthly Vol. (5): 000.00	Ler	igth of (Yr	woership: No			cerd/Discove	r/American Expre	
f of Emplo	l. l.	Ownership Gov (Fed	ST-Loca	i)			nization 301(c)(No	100	s/Services Cash a	nd Carry:
rype of Bi Retail	incss:	Pricing Method: Rotail			Type of O Library I		rvices sold: (Ples	se holude	a copy	y of your return	victual policy)	
rovinus R	occaso	(Please Include cop	y of staten	sents)		Bui	uess Websile:					
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			FEES	
	VIS		ER/AMEX OPTBLUE DISCOUNT ¹	RATES
Rate 1D 2.4900 % +	\$ 0.1000 per item			Rate 5 2.4900 % + \$ 0.1000 per item
Rate 1 2.4900 % +	\$ 0.1000 per item	Rate 4 2.49	00 % + \$ 0.1000 per item	Rate 6 2.4900 % + \$ 0.1000 per item
Rate 2 2.4900 % +	\$ 0.1000 per item			Rate 7 2,4900 % + \$ 0,1000 per item
Visa Rewards, Visa Signature tional 0.18 to the applicab 800.228.2443 for additional in	le rate tier. Please revie	w the Rate Descri	ptions under the Documents tab online	n and Discover Premium cards will be assessed an add at www.tsystransactionsummary.com or contact TMS
Merchant Setup	\$ 100.00	per MID	Authorizations "or"	\$ 0.1000per V/MC/Disc/AMEX OptBlue Au
Monthly Maintenance	\$ 0.00	per MID	Excessive Electronic Authorizations	\$ 0.0000 per V/MC/Disc/AMEX OptBlue Au over 100% of SALES and Returns
Minimum Discount Billing	\$ 0.00	per month/MID	Non V/MC/Disc/AMEX Opt Blue Authorizations	\$ 0.1000 ead
Chargebacks	\$ 15.00	each	Voice Authorizations	\$ 0.6500 ead
Retrievals	\$ 5.00	each	Voice AVS	\$ 1.9900 ead
Batch Capture	\$ 0.00	each	Paper Statement 🔲 Yes 🗌 No	\$9.95 per month/MID
Insufficient Funds Fee	\$35 per unsuccess DESIGNATED A		Wireless Monthly Wireless Set Up	\$ per devi \$ per devi
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
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Merchant Initials: X

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	TMS EQUIPMENT/SOFTWARE	
Brand/Model SUMMIT HUST	Brand/Model	Brand/Model
Brand/Model SUMMIT HOST 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 applic	cable 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	Mercha	nt CAP
All fees listed in this section a	CARD BRAND FEES are fees charged by the Card Brands to TMS. TMS is t	hen 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 volum	Mastercard Safety Net Acquirer Fee: \$0.0007 per Mastercard transaction
	Visa Base II: \$0.0018 per Visa transaction	
at Card Present merchant locations where AVS we merchant locations where AVS was performed, M sued card, Mastercard Cross-Border U.SPR: \$0.0 Cross-Border Non-U.S.: \$0.01 per each dollar of t Non-U.SPR: \$0.01 per each dollar of transaction Integrity Fee - Card Present: \$0.045 per each appr Mastercard Processing Integrity Fee - Card Not Pr card-not-present authorization, Mastercard Process days of the initial T&E authorization, Mastercard settled transaction or reversal within 120 days of the tercard Preauthorization without a corresponding set tion Processing Integrity Fee: \$0.045 per each app the approved Undefined Authorization, Mastercart Final Authorization without a corresponding settle \$0.03 per each \$0 Account Status Inquiry perform Inquiry: \$0.025 per each \$0 Account Status Inquir 0.01% per cardholder not present transaction, Mas Facilitator Location Fee: \$3.00 per each Payment 1 blocked via Mastercard's Fraud Notification Servir rate interchange qualification behavior, Mastercard subsequently reversed in effort to validate card sta \$0.10 per each authorization after 20 previously is the same merchant identification number, within a Fee, Discover Network Authorization Fee, Americ Other Applicable Card Brand Fees.	as performed, Mastercard AVS Fee - Card Not Present lastercard Cross-Border U.S.: $\$0.006$ per each dollar of 060 per each dollar of transaction processed at a Puerto ransaction processed in foreign currency at a non-U.S. processed in foreign currency at a non-Puerto Rico lo oved Mastercard authorization without a reversal reque- resent: $\$0.045$ per each approved Mastercard authorizan sing Integrity Fee - T&E: $\$0.045$ per each approved M Processing Integrity Fee > 120 Days: $\$0.045$ per each approved the approved authorization, Mastercard Preauthorization extelled transaction or reversal within 30 days of the app- proved Mastercard Undefined Authorization without a c d Final Authorization Processing Integrity Fee: 0.25% ed transaction within 7 days of the approved Final Auth- ded on a card not issued in the same country as the tercard Annual Merchant Location Fee: \$15.00 per each Facilitator per year, Mastercard Ineligible FNS Charge (ce (FNS), Mastercard Transaction Compliance Fee: $\$0.045$ per Card- tus, Mastercard Account Test Declined Authorization suer declined attempts on the same account number for can Express CNP Downgrade: 0.30%, American Expre- STUNDS TRANSFER	AVS Fee - Card Present: \$0.01 on all transactions processed ; \$0.01 on all transactions processed at Card Not Present f transaction processed at a U.S. location on a non-U.S. is- Rice location on a non-Puerto Rice issued card, Mastercard location on a U.S. issued card, Mastercard Cross-Border cation on a Puerto Rice issued card, Mastercard Processing est within 24 hours of the initial card-present authorization, tion without a reversal request within 72 hours of the initial astercard authorization without a reversal request within 20 approved Mastercard authorization without a corresponding n Processing Integrity Fee: \$0.045 per cach approved Mas- troved Preauthorization, Mastercard Undefined Authoriza- corresponding settled transaction or reversal within 7 days of or \$0.04, whichever is higher per each approved Mastercard borization, Mastercard Interregional Account Status e merchant's location, Mastercard Digital Enablement Fee: th merchant location per year, Mastercard Annual Payment back Blocking Fee: \$3.00 per each fraud-related chargeback 0.15 per each downgraded transaction to help promote accu- d Not Present authorizations for a small USD amount that is fee (previously communicated as the Excessive Auth Fee): r excessive account testing of a single account number, from t, Discover International Service Fee, Discover Data Usage ss Inbound Fee: 0.40% on Cross Border Transactions, All
In accordance with the terms set out in the Terms a letter. Standard	and Conditions, transfer funds will be made to/from the	account set forth in the enclosed voided check or bank
4	Please attach voided check-he	
		Merchant Initials: X
TSYS Merchant Solutions, LLC	C is a registered agent of First National Bank of Omahu 3 of 5 202001 Merchant Application SBS Bundled	

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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 5.2.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 CLO-SURE 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 AGREE-MENT. 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.

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 Yes No	
	PE	RSONAL GUARANTY		
benefit of TSYS Merchan mutual undertakings con ("MERCHANT") as set if with all costs, expenses, a to require the Guaranty Parties, of the Guaranty Parties, of the Guaranty Parties, of Nebraska, and that the main in effect until one h the AGREEMENT or GU of this GUARANTY shal	at Solutions, LLC and/or First National Bank of tatained in the Merchant Transaction Processing orth below, I absolutely and unconditionally g und attorneys' fees incurred by any the Guaran arties to proceed against other entities or ME their respective agents or assigns to make from inancial statements and/or tax returns. I agree courts of the state of Nebraska shall have and undred eighty (180) days after receipt by the C ARANTY shall not release me from liability	of Omaha (Collectively the "Gual 3 Agreement and allied agreemer uarantee the full performance of ity Party in connection with any in RCHANT. There are no conditi n time to time any personal credit that this GUARANTY shall be be vested with personal jurisdict Juaranty Parties of written notice with respect to any obligations in or any change in the relationship	collectively "GUARANTOR" or "my" or "l" or "me"), is for the ranty Parties"). For value received, and in consideration of the tts ("AGREEMENT") between the Guaranty Parties and all MERCHANT's obligations to the Guaranty Parties, together actions, inactions, or defaults of MERCHANT. I waive any right ons attached to the enforcement of this GUARANTY. I author- it or other inquiries and agree to provide, at the request of either governed and construed in accordance with the laws of the state ion over me. This is a continuing GUARANTY and shall re- by me terminating or modifying the same. The termination of neurred before the effective date of termination. No termination between MERCHANT and me. This GUARANTY shall bind GUARANTOR and the Guaranty Parties.	
	TOR: (Signature-No Titles)	P		
MERCHANT: (Business	Legal Name) Nassau County Board of C	Count Commissioners	Social Security Number:	
Home Address:		Home Pho	ne: Work Phone:	
	AGR	EEMENT ACCEPTANC	E	
consists of the Merchant Terms and Conditions at CHANT authorizes TMS ficer, owner, partner and and other inquiries in con er, partner and any Perso port that may be obtained MERCHANT and/or any TMS Card Compromise obligation or liability und atives effective on the da	Application and the Terms and Conditions (a the time of signing. MERCHANT warrants I and/or BANK to provide a copy of this Merc any Personal Guarantor authorize TMS, BAN meetion with this Merchant Application or the nal Guarantor acknowledge that TMS and/or I in connection with this Merchant Application Personal Guarantor identified above. If appl Assistance Plan Agreement, and the American ler such agreements. In witness whereof the p te signed or approved by BANK.	separate attachment hereto), and that the information provided on chant Application to any third pa IK or their agents or assigns, to o e Agreement. By executing this BANK has a legitimate business n or the Agreement, and that this icable, MERCHANT agrees by n Express OntBlue Program Agr	ng Agreement (the "AGREEMENT"). The AGREEMENT d MERCHANT acknowledges it has received and read the the Merchant Application is complete and accurate. MER- irty for the services requested. MERCHANT, its signing of- make from time to time, business or personal credit inquiries Merchant Application, MERCHANT, its signing officer, own- s need for the information contained in any personal credit re- s Application is a business transaction that was initiated by the its signature below to the TMS Equipment Agreement, the reement. BANK is not a party to these agreements and has no GREEMENT to be executed by their duly authorized represent-	
Principal's Name (Please	Print): Dawn Bostwick		Title:	
Equity Ownership (%)	Home Phone No:	Date of Birth:	Principal's Soc Sec No:	

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

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4 of 5 202001 Merchant Application SBS Bundled

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CONFIDENTIAL

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); <u>and</u> (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 (*l.e.*, one individual nested on (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:

	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Securi- ty Number, Passport Number and Country of Issuance, or other similar identification number ¹
An executive office President, Vice Pres Any other individua	r or senior manager (sident, Treasurer); or al who regularly perfo	(If no individual meets this definition, please write "i al with significant responsibility for managing the legal e.g., Chief Executive Officer, Chief Financial Officer, prms similar functions. r section (c) above may also be listed in this section (d)	entity listed above, su Chief Operating Office	ch as: er, Managing Member, General Partner,
NY MULLY	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Securi- ty Number, Passport Number and Country of Issuance, or other similar
Name/Title			INUMBER	identification number ¹
Name/Title Dawn Bostwick		76347 Veterans Way Suite 4000 Yulee FL 32097		identification number ¹

TSYS Merchant Solutions, LLC is a registered agent of First National Bank of Omaha, 1620 Dodge Street, Omaha, NE 68197 5 of 5

202001 Merchant Application SBS Bundled

MID#;

MCC Code:

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.

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.
- 4. The PARTIES agree to delete all other references to the ACCOUNT CLOSURE FEE from the Terms and Conditions of the AGREEMENT.
- 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	MERCHANT Name	
BANK Authorized Signature	MID#: Address	
Print Name	City, State, Zip Code///////	
Title		
Date	Authorized Signature	
TSYS Merchant Solutions, LLC	Michael Mullis Print Name Caunty Macarcegen Title	
TMS Authorized Signature		
Print Name		
Title		
Date		

Principal/Bank

Associate/Group: ____ Chaln/Association:

Non: MID#:

Date Rec'd:

MCC Code:

AMENDMENT TO THE MERCHANT TRANSACTION PROCESSING AGREEMENT

202001 ACF WAIVER AMENDMENT

THIS Agrendment ("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 greater as the "PARTIES."

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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 including but not limited to processing SALES and handling customer service.
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- 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	MERCHANT Name	
BANK Authorized Signature	MID#: Address	
Print Name	City, State, Zip Sode/	IA.I
Title	-> //////	1111
Date	Michael M	whin
TSYS Murchant Solutions, LLG		ncepe-
TMS Authorized Signature		
Print Name		
Title 6/25/26		
Date		
202001 ACF Waive Amendment	Page 1 of 1	CONFIDENTIAL

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

	MERCHANT Name MID#:
BANK Authorized Signature	
Print Name	Address City, State, Zip Code
Title	
Date	Authorized Signature
TSYS Merchant Solutions, LLC	County Munayer Title
TMS Authorized Signature	
Print Name	
Title	
Date	

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 MERCHANT Name MID#: BANK Authorized Signature Address Print Name City Title Aulf onzed Signature Date 10 P nt Name unarer TSYS Marchant Solutions, LLC Title 1 da 6 7 TMS Authorized Signature Print Nam Title 125/20 1 Date 202001 Next Day Funding Page 2 of 2. CONFIDENTIAL

Sharon Johns

From:	Susan Gilbert
Sent:	Tuesday, June 30, 2020 3:17 PM
То:	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 <<u>cvetock@tsys.com</u>>
Sent: Thursday, June 18, 2020 9:22 AM
To: Sharon Johns <<u>sjohns@nassaucountyfl.com</u>>
Cc: Susan Gilbert <<u>sgilbert@nassaucountyfl.com</u>>; Claire Shepherd <<u>cshepherd@nassaucountyfl.com</u>>; Dawn Bostwick
<<u>dbostwick@nassaucountyfl.com</u>>; John Cox <<u>jcox@nassaucountyfl.com</u>>
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 <<u>sjohns@nassaucountyfl.com</u>> 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 <<u>cvetock@tsys.com</u>>
Sent: Wednesday, June 17, 2020 4:24 PM
To: Sharon Johns <<u>sjohns@nassaucountyfl.com</u>>
Cc: Claire Shepherd <<u>cshepherd@nassaucountyfl.com</u>>; Dawn Bostwick <<u>dbostwick@nassaucountyfl.com</u>>
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 <<u>sjohns@nassaucountyfl.com</u>> 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!

1

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 <<u>cshepherd@nassaucountyfl.com</u>>; Dawn Bostwick <<u>dbostwick@nassaucountyfl.com</u>> 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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