

## CODE OF ETHICS FOR SALES REPRESENTATIVES

(To be signed by ALL Sales Representatives of Sage Payment Solutions)

### FOR OFFICE USE ONLY

OFFICE NAME	OFFICE ID	REP NAME / ID	APP ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As a Sales Representative of Sage Payment Solutions, certain responsibilities are placed upon you, and the Code of Ethics has been prepared so that you will be well informed as to those responsibilities. You are requested to read the contents of the Code of Ethics carefully and abide by the guidelines set forth below.

It is important that you understand that as a Sales Representative of Sage Payment Solutions your business practices reflect not only upon yourself and Sage Payment Solutions, but also upon Harris N.A., and the Visa® and MasterCard® Associations. Sage Payment Solutions, Harris N.A., and the Associations place great emphasis on the goodwill and integrity inherent to the bankcard industry.

### I. DISCLOSURE OF INFORMATION

- a. Disclosure to prospective customers.
  - i. You are required to present yourself as a representative of Sage Payment Solutions. It is expressly forbidden to use any other business name in solicitation of a merchant's processing business.
  - ii. You may not subcontract any of the services you have been contracted to perform. You must register any sales representative that will be working with you.
  - iii. You are required to inform prospective merchants that their customer service will be provided by Sage Payment Solutions.
  - iv. You are required to inform prospective merchants that their merchant processing bank is Harris Trust & Savings Bank and the application is being submitted to Sage Payment Solutions acting on their behalf and that the contractual agreement is between the Merchant, Sage Payment Solutions, and Harris Trust & Savings Bank.
- b. Disclosure to Sage Payment Solutions and Harris N.A.
  - i. You are required to ensure that all information contained in documents presented to Sage Payment Solutions prepared by you is complete and accurate.
  - ii. Withholding or altering material information in an effort to circumvent Harris N.A. application policy is **STRICTLY FORBIDDEN**.

**NOTE:** Material information is defined as any information that, if disclosed, may have an effect on the assessment of the application with regards to the current Merchant Application Policy. Any information pertaining to mail order / telephone order transactions is deemed to be material, however minimal the activity.

### II. SALES REPRESENTATIVES USE OF MATERIALS

- a. The Sales Representative will not use any of the Visa® / MasterCard® program marks on any materials unless Harris N.A. is prominently displayed adjacent to the Visa® / MasterCard® marks. All marketing materials including business cards with or without the Visa® / MasterCard® marks must read "**In Association with and Acting On Behalf of Harris N.A.**". All marketing materials must be approved by Sage Payment Solutions and Harris Trust & Savings Bank prior to their use.

No Sales Representative may state or imply in any correspondence, supplies, materials and / or oral solicitations directed to Merchants or prospective Merchants that any other Sales Representative or group's material are being replaced, are invalid, or should be destroyed.

## CODE OF ETHICS FOR SALES REPRESENTATIVES

(To be signed by ALL Sales Representatives of Sage Payment Solutions)

### III. PAYMENTS FROM MERCHANTS

It may be necessary for the Sales Representatives to accept payments from the prospective merchants for various fees, set up expenses, and equipment down payments. Cash should not be accepted and all checks should be made payable to Sage Payment Solutions. It is expressly forbidden for Sales Representatives to accept cash or checks payable to themselves or any business name other than Sage Payment Solutions from merchants or prospective merchants.

### IV. UNDERSTANDINGS

- a. It is expressly understood that the Sales Representatives have no authority to bind Sage Payment Solutions or Harris N.A contractually in any way.
- b. It is expressly understood that Sales Representatives must present themselves in a professional manner in all dealings with merchants and prospective merchants.
- c. It is expressly understood that Sales Representatives must direct all correspondence through Sage Payment Solutions. They should not contact Harris N.A., Visa, or MasterCard directly.

### V. TERMINATION OF SALES REPRESENTATIVE RELATIONSHIP

- a. If, for any reason, your representative relationship is terminated voluntarily or involuntarily, you are required to return all sales and promotional material to Sage Payment Solutions, 1750 Old Meadow Rd STE 300, McLean, VA 22102-4304.
- b. If for any reason your representative relationship is terminated voluntarily or involuntarily, you must immediately cease and desist using the Harris N.A. and Sage Payment Solutions name in solicitation of any kind.

As previously stated, you are under an obligation to uphold the integrity and reputation of Sage Payment Solutions, Harris N.A., and the Visa ® and MasterCard ® Associations.

Failure to abide by this CODE OF ETHICS may result in the termination of your representations of Sage Payment Solutions.

### SALESPERSON INFORMATION

X

NAME OF SALESPERSON

X

SIGNATURE OF SALESPERSON

X

DATE OF SIGNATURE

X

RESIDENCE STREET ADDRESS

X

RESIDENCE CITY, STATE, ZIP CODE (+4)

X

ISO / MSP NAME

## AUTHORIZATION and RELEASE TO CONDUCT BACKGROUND INVESTIGATIONS

(FOR RELEASE OF INFORMATION AND APPROVAL TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES)

### TO BE COMPLETED BY EMPLOYEE OR APPLICATION (PLEASE PRINT)

PRINTED NAME (FIRST, MIDDLE, LAST)	OTHER NAMES USED (e.g. Alias, Maiden)	YEARS USED
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE ISSUED
CURRENT ADDRESS (Street, City, State, Zip Code (+4))		

#### ADDRESSES FOR THE PAST SEVEN (7) YEARS

CITY, STATE	COUNTY	ZIP CODE (+4)	DATES LIVED HERE
CITY, STATE	COUNTY	ZIP CODE (+4)	DATES LIVED HERE
CITY, STATE	COUNTY	ZIP CODE (+4)	DATES LIVED HERE

Have you ever been convicted of a crime other than a minor traffic violation?

YES  NO

Have you ever been sanctioned, disciplined, debarred and / or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license(s) or certifications?

YES  NO

#### (DATA USED ONLY FOR BACKGROUND INVESTIGATION TO HELP AVOID MISIDENTIFICATION)

DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
---------------	---

NATIONALITY

WHITE  BLACK  HISPANIC  ASIAN or PACIFIC ISLANDER  AMERICAN NATIVE or ALASKAN NATIVE

⇒ Your signature below acknowledges you have read, understood and authorize any person, agency or other entity contracted by the background investigation company, Sage Payment Solutions or its subsidiaries, or agents, to furnish the following information:

In connection with my application or employment with Sage Payment Solutions or its subsidiaries, I authorize the background investigation company, or its agents, to obtain a consumer report and/or investigative consumer report about my background, character or reputation, including, but not limited to information as to my employment, education, consumer credit, driving record, social security number verification, criminal record/history and/or other public records. The consumer credit history and driving record will only be verified if appropriate for certain positions. I authorize all persons to fully disclose information relevant to this investigation. I further authorize that a photocopy of this authorization may be considered an original.

⇒ Be advised by signing this form, you certify that the information provided is true and complete. Any incorrect or omitted information may prevent you from being hired, or if hired, may be grounds for immediate termination.

⇒ By signing this form you acknowledge receipt of the Summary of Your Rights under the Fair Credit Reporting Act.

### SIGNATURE AND ACCEPTANCE

I HAVE READ THIS FORM, UNDERSTAND, AND AUTHORIZE ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY SAGE PAYMENT SOLUTION OR ITS AGENTS, TO FURNISH THE INFORMATION REFERENCED ON THIS FORM.

<b>X</b> _____ SIGNATURE (MUST BE SIGNATORY ON FILE)	<b>X</b> _____ SIGNER'S NAME (PLEASE PRINT)
<b>X</b> _____ DATE	<b>X</b> _____ SIGNER'S TITLE (PLEASE PRINT)

<input type="checkbox"/> BASE CHECK	<input type="checkbox"/> FACIS	<input type="checkbox"/> LICENSURE / CERTIFICATION	<input type="checkbox"/> MOTOR VEHICLE
POSITION & DEPT. APPLIED FOR:	LOCATION	HUMAN RESOURCES	DATE