



SCHEDULE IV - EQUIPMENT CREDIT CARD PAYMENT

BUSINESS INFORMATION

Business Name (DBA):

Dupuy's Animal Hospital

Contact Name:

Tina Cartimiglia

MID:

EQUIPMENT (To be completed and fulfilled by Vantiv Integrated Payments)

Authorization is hereby given to debit or credit the account listed herein for the purpose of making a one-time payment to Vantiv Integrated Payments Solutions, Inc. ("Vantiv") for the equipment items listed below. Merchant agrees that the account listed below has adequate funding to satisfy the debit pursuant to this Schedule IV. In the event the account designated hereunder fails and does not make payment to Vantiv of any outstanding amounts due, Merchant authorizes Vantiv to debt any amounts owed by Merchant from Merchant's designated account listed on the Merchant Processing Application. Capitalized terms that are used herein but not defined herein will have the meaning as set forth in the Agreement. Sales tax will be added to the Price Per Unit if applicable.

Equipment Information:

Quantity	1	Description	triPOS Verifone Vx805	Price Per Unit	\$0.00
Quantity	1	Description	triPOS Verifone Vx805	Price Per Unit	\$250.00
Quantity		Description		Price Per Unit	
				Shipping	\$15.00

PAYMENT INFORMATION

Name on Card:

Christopher Michael Dupuy

Card Number:

**** * 8953

Card Type:

Discover

Expiration Month:

01

Expiration Year:

21

Billing Address:

402 Jefferson Terrace Blvd

City:

New Iberia

State:

LA

Zip:

70560

Phone #:

(337) 560-0806

ACCEPTANCE SIGNATURE

By signing below, the undersigned represents and warrants that the person executing this form is an authorized representative of the Merchant referenced above and has the legal capacity and authority to undertake legally binding obligations on behalf of the Merchant.

Card Holder Signature:

Card Holder Name (please print):

Title:

Date:

X

Date Here