B 10 (Custom Form 10) (04/09)

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM		
Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor X Cynergy Data, LLC – (Case No. 09-13038)   Cynergy Data Holdings, Inc. – (Case No. 09-13039)   Cynergy Prosperity			
Name of Creditor (the person or other entity to whom the debtor owes money or property):  Cinergy Health Inc.	Check this box to indicate that this claim amends a previously filed claim.  Court Claim		
Name and address where notices should be sent: Name ID: 8455733 Pack No. 267			
Cinergy Health Inc.	Number:		
Daniel Touizer	Filed on:		
19495 Biscayne Blvd., Ste 604			
Aventura, FL 33180			
Telephone No. (305) 792-9996			
Name and address where payment should be sent (if different from above):  Telephone No.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.  Attach copy of statement giving particulars.		
	☐ Check this box if you are the		
1. Amount of Claim as of Date Case Filed \$ 150,090.36 plus interest and attorney fees	debtor or trustee in this case.  5. Amount of claim Entitled to Priority		
1. Amount of Claim as of Date Case Filed:    Samplicable	under 11 U.S.C. § 507(a). If any portion of your claim falls in one of		
If all or part of your claim is entitled to priority, complete item 5.	the following categories, check the box and state the amount.		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges	Specify the priority of the claim.		
2. Basis for Claim: merchant processing agreement (see attached)	Domestic support obligations under 11		
(See instruction #3a on reverse side.)	U.S.C. § 507(a)(1)(A) or (a)(1)(B).		
3a. Debtor may have scheduled account as:  (See instruction #3a on reverse side.)  3b. Creditor Tax ID # 20-2372436	Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier 11 U.S.C.		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	§ 507(a)(4).  Contributions to an employee benefit		
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	plan 11 U.S.C. § 507(a)(5).  Up to \$2,425* of deposits toward		
Value of Property: \$ Annual Interest Rate:%	purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7).		
Amount of arrearage and other charges as of time case filed included in secured claim,	☐ Taxes or penalties owed to		
if any: \$ Basis for Perfection:	governmental units 11 U.S.C. § 507(a)(8).		
Amount of Secured Claim: \$ Amount Unsecured: \$	Other Specify applicable paragraph o		
6. Section 503(b)(9) Claim Amount:  ☐ Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. §503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim Amount" above.	11 U.S.C. § 507(a)().  Amount entitled to priority:  \$* Amounts are subject to adjustment on		
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	4/1/10 and every 3 years thereafter with		
<b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. ( <i>See instruction 7 and definition of "redacted" on reverse side.</i> )	response to cases commenced on or after the date of adjustment.		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.	RECEIVED		
If the documents are not available, please explain:	FEB 01 2010		
Date:    1-27-10   Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	KURTZMANCARSONCONSULTANTS		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



## ATTACHMENT A

## **EXPLANATION OF CLAIM**

This Proof of Claim is based on amounts due the Creditor (the "Indebtedness) pursuant to that certain merchant agreement by and between Creditor and Debtor, a copy of which is attached hereto as Exhibit "1" (the "Merchant Agreement"). In addition, to the extent as allowed by applicable law, Creditor is entitled to post petition interest on unpaid amounts and attorneys' fees and costs in connection with the collection of the Indebtedness and/or this bankruptcy proceeding.

### MERCHANT APPLICATION

Merchant # \_\_\_



□ New Location □ Additional Location

5605 N. MacArthur BLVD. • 11th Floor • Irving, TX 75038

Tel: 800-944-1399 Fax: 214-260-9320 www.signapay.net

ISO#:\_\_\_\_\_

▶ Business Information						
Legal Name:		Nar	me of Account (Do	ina Business As):	<u> </u>	
Cinergy Health, Inc.			,	,		
Legal Address:		Phy	sical Street Addre	ss (No P.O. Box):		
19495 Biscayne Blvd., Sui	te 604	1	,			
City: Aventura	State: Zip: FL 3318	City	y:		State:	Zip:
Phone #: Contact (305 ) 792-9996	t: Howard Markowitz	DB.	A Phone #:			
Must Choose One Mailing Address:			bsite Address:			
☐ DBA Address ☑ Legal Address	HMarkowitz@cinergyhealth	.com ww	w. cinergyheal	th.com		
Federal Tax # # 2   0   2   3   7   2   4   3   6	of Locations Years in Business	Yea	ars Owned Busines 2	ss		
Bank Reference:		Co	ntact:	Phone #:		
Citibank	J.	Court	ney Williams	( 305 ) 705-10	17	uuunan en
➤ Owners or Officers • Indiv	idual Ownership Must be F	equal to	or Greater tha	ın 50%		
Name:	Title:		te of Birth:	Applicant's SS #:	% Equity	Ownership:
1. Daniel Touizer	President/CEO	06	/12/1973	590-84-9224		50%
Residence Address: 21213 NE 38th Ave	City: Aventura			State:	Zip: 33180	
	s Lic. #: 160-73-212-0	Sta FL	ate:	Home Phone: ( 305 ) 934-756	66	
Name: 2.	Title:	Da	te of Birth:	Applicant's SS #:	% Equity	Ownership:
Residence Address:	City:			State:	Zip:	
# Years: Driver	's Lic. #:	Sta	ate:	Home Phone:		
				( )		
➤ Business Profile			▶ Sales Profil	<b>A</b>		
Type of Ownership: ☐ Sole Propriet ☐ Corporation ☐ Limited Liability C			Merchant Type: ☐ Retail	Visa/MasterCard Sales Profile	(Be Accurate):	
Type of Goods or Services Sold:	SIC Code:		Restaurant	Card Swipe		%
Discount Medical Plans	0.0 0000		Lodging	Manual Key Entry with Imprint	, Card Present	%
Do you currently accept Visa/Mastercard?  ☑ Yes ☐ No	: Name of Current Processor: : Global			Mail Order/Telephone		90 %
(If yes, you should submit 3 current months' statements.) Has Merchant or any associated principal			☐ Internet☐ Home Based	Internet		10 %
bankruptcy or been subject to involuntary			☐ Other	Total =		100%
▶ Business Trade Suppliers	• List Two					
Name: Addre			ontact:	Phone #:		
Proving Ground Media F	orest Hill, MD 21050	De	ebra Payne	( 410 ) 420-634	43	
Name: Addre			ontact:	Phone #:	1.6	
Gerstle, Rosen & Assoc	Aventura, FL 33180	Bri	an Goldenberg	( 305 ) 937-01	T.0	
► Merchant Site Survey Rep	oort • To Be Completed by	Sales F	Representative			
Merchant Location: Retail Location Area Zoned: Commercial	with Store Front	☐ Intern Square F		Other 501-2,000	2,001+	
Does the amount of inventory and If No, explain:	merchandise on shelves and floo	or appear		<b>,</b> ,	☐ Yes	□ No
The Merchant:	☑ Leases the Business Premis	ses	Landlord Nar	me & Phone #: Turnberry	Associates 3	05-936-2455
Further Comments by Inspector (M	flust Complete)					
I hereby verify that this application the merchant at this address and t	has been fully completed by me	rchant ap	oplicant and that I horrect to the best o	nave physically inspected to find the first factor of the first fa	the business p f.	oremises of
Verified and Inspected by:	Office #:		entative #:	Representative Signatur		
X	230			X		
^				**		

#### ▶ ■ Visa / Mastercard Standard Retail / High Risk Retail Rates ▶ ■ Mail / Phone / Internet / Touchtone Rates Merchant Chooses to accept the following: Merchant Chooses to accept the following Interchange + 0.50 VS/MC (Other Cards) Discount Rate VS/MC (Other Cards) Discount Rate: Interchange + 0.50 N/A VS/MC Debit Card Discount Rate: VS/MC Debit Card Discount Rate: AMEX Discount Rate: AMEX Discount Rate: % Discover Discount Rate: Discover Discount Rate: N/A ▶ Fees Fees Per Item VS/MC Transaction Fee: VS/MC Transaction Fee: \$0.20 Per Item Per Item Non-Bankcard Transaction Fee: Per Item Non-Bankcard Transaction Fee: \$0.20 Statement Fee: Monthly Monthly Statement Fee: \$5.00 VIMAS Online Service: Monthly \$5.00 Monthly VIMAS Online Service: Monthly Minimum: \_Monthly Monthly Minimum: \$20.00 Monthly Annual Fee: N/A Per Year Per Year Annual Fee: Debit Transaction Fee Plus Network Fees: Per Item N/A Per Item MOTO/Internet Surcharge: EBT Transaction Fee: Per Item N/A Per Item AVS Surcharge: FBT Statement Fee: Monthly \$0.20 Per Batch Batch Fee: Batch Fee: Per Batch N/AOne Time Manual Imprinter: Manual Imprinter: One Time \$25.00 Per Item Chargeback Fee: \$25.00 Per Item Chargeback Fee: \$25.00 Per Item ACH Reject Fee: ACH Reject Fee: \$25.00 Per Item \$5.00 Per Item Retrieval Fee: Retrieval Fee: \$5.00 Per Item Voice Authorization Fee: .95 Per Call Voice Authorization Fee: .95\_Per Call \$295.00 One Time Early Termination Fee: AVS Surcharge Per Item Others (please specify): Early Termination Fee: \$295.00 One Time Others (please specify): 1) I/We understand and agree to the following: that my/our discount rate as stated above will be charged on all electronically authorized bankcard transactions that are in batches closed daily (qualified rate); 2) and that all bankcard transactions that do not meet the requirements stated in number 1 above may be charged up to 1.99% + .10¢ higher than my/our discount rate. Visa/Mastercard business transactions may be charged up to 1.99% + .10¢ above qualified rate. ▶ Merchant Benefits Club 🗖 Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$9.50 per terminal per month. Initials: X ▶ American Express By signing below, I represent that the information I have provided on the Application is complete and accurate and I authorize American Express Travel Related Services Company, Inc ("American Express") to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express@Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter, By accepting the American Express card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions. Signature: X ▶ Discover I agree to accept Discover<sup>®</sup> Network Cards. Discover Network will deliver a starter kit with my merchant services agreement and materials. ▶ Debit/Credit Authorization • Staple Voided Check Here Merchant authorizes Processor or Bank to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked untill all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation. 266086554 3200583362 ABA Routing: INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. AVERAGE MONTHLY VOLUME: \$100,000 - \$150,000 AVERAGE TICKET SIZE: \$125.00 Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 4c and 13b of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT. IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or Bank of America, N.A., Charlotte, N.C. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide. ▶ For All Corporations • Corporate Resolution ▶ Individual Guaranty • No Titles The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally to execute the MERCHANT Processing Agreement on behalf of the here within named guarantee the continuing full and faithful performance and payment by Merchant of each of its duties corporation. MERCHANT UNDERSTANDS THAT THIS AGREEMENT and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN in the future entered into between Merchant or its principals and Processor or Bank, as such agreements APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED. now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This Cinergy Health, Inc. Print Legal Name of Merchant Busines: guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement #1 From Application - Signature is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. #2 From Application - Signature Date AGREED AND ACCEPTED -24-07 11000 Date Accepted by Processor #1-From Application - Signature Date

Date

#2 From Application - Signature

Accepted by Bank of America, N.A., Charlotte, NC.

Date

➤> 09/26/06

Merchant Processing Agreement
This Merchant Processing Agreement ("Agreement") is entered into on the Effective Date defined in Section 13.A, below, between
the business indicated on the Merchant Application ("Merchant" or "you"), Cynergy Data ("CD"), BA Merchant Services, LLC.
("BAMS") (CD and BA Merchant Services, LLC. are collectively referred to as Processor), and Bank of America, N.A. ("Bank").

Merchant Processing Agreement ("Agreement") is entered into on the Effective Date defined in Section 13.A, below, between the business indicated on the Merchant Application ("Merchant" or "you"), Concray Date ("CD"), BA Merchant Services, LLC.

("BAMS") (CD and BA Merchant Services, LLC. are collectively referred to sep Processor), and Bank of America, TAA. ("Bank"),

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Services to accept Dath Cards and/or Other Card, as indicated on the Merchant Ageloidant, validity issued by members of Vissa U.S.A., Inc., ("Visa") and MasterCard International, incorporated ("MasterCard"). Debt Card means all Visa or MasterCard card that accesses a consumer's asset account within 14 days after cards issued by a non-U.S. Dank, "Visa" and Merchant Card that accesses a consumer's asset account within 14 days after cards issued by a non-U.S. Dank," Also or MasterCard card that accesses a consumer's asset account within 14 days after cards issued by a non-U.S. Dank, and debit cards validity issued by the debt card inthorities in Section 4.0 below ("Dabit Network Committee of the Cards," Individual of the Cards and Section 14.0 below ("Dabit Network Committee of the Cards," Individual of the Cards, including but not intilled to because and cornumer credit cards and business debit cards. The cattegory of card acceptance processing acceptance in the Cards and Section 15.0 below ("Dabit Network Cards") in the Cards and Section 15.0 below ("Dabit Network Cards") in the Cards and Section 15.0 below the Cards ("Dabit Network Cards") in the Card Association of the Card Association in the Cards and Section 15.0 below the Card Association of the Card Association in cards and the Card Association in the Card Association in Section 15.0 below the Card Association

Processor and Bank informer to time specimes or as required under the relues. If Processor or Bank requests a copy of a Sales Draft, credit voucher or other transaction evidence, you will provide it within 24 hours following the request.

4. Deposit of Sales Drafts and Funds Due Merchant.

A. Deposit of Fundse, that this Agreement is a contract of financial accommodation within the meaning of the Bankruptry Code, 11 U.S. C. 3.355 as amended from time to time, Subject to this Section, Bank will deposit to the Designated Account (defined in Section, 6 below) funds evidenced by Sales Drafts (whether evidenced in writing or by electronic means) complying with the terms of this Agreement and the Rules and will provide you provisional credit for such funds (less recoupment of any credit(s), adjustments, fines, chargebacks, or fees.), You understand and agree that Bank may withhold deposit and paynying with the terms of this Agreement and the Rules and will provide you provisional credit for such funds (less recoupment of any credit(s), adjustments, fines, chargebacks, or fees.), You understand and agree that Bank may withhold deposit and payntying with the terms of this Agreement of the such delayed deposit of finds. You acknowledge that your obligation to you without notice until the expirations poses a risk of loss. Neither Processor or Bank determine, in their sole and reasonable discretion or back of transactions poses a risk of loss. Neither Processor or Bank are responsible for any losses you may incur, including but not firmted to NSF fees, due to such delayed deposit of finds. You acknowledge that your obligation to deposit funds to the Designated Account.

ii. Provisional Credit. Not withstanding the previous sentences, under no circumstance will Processor and Bank. All Sales Drafts to the Designated Account.

iii. Provisional Credit. Not withstanding the previous sentences, under no circumstance will Processor and Bank. All Sales Drafts but they are applicated to a subject to the application and the process

credit that exceeds the amount of the original scales brain, but mill must all the street of the subject of a Card transaction.

iii. Revocation of Credit. Processor or Bank may refuse to accept any Sales Draft, and Processor and Bank may revoke prior acceptance of a Sales Draft in the following circumstances: (a) the transaction giving rise to the Sales Draft was not made in compliance with this Agreement, the Laws or the Rules; (b) the Cardholder disputes his liability to Processor and Bank for any reason, including but not limited to a contention that the Cardholder did not receive the goods or services, that the goods or services provided were not as ordered or pursuant to those chargeback rights enumerated in the Rules; or (b the transaction giving rise to the Sales Draft was not directly between you and the Cardholder. You will pay Processor and Bank any amount previously credited to the Sales Draft was not directly between you and a Bank or where accepted, is revoked by Processor and Bank.

E. Rother of the Sales Draft was not such as a substitution of the Cardholder. You will not re-enter or reprocess any transaction which has been charged back.

F. Miscellannous. You will not present for processing or credit, directly or indirectly any transaction or originated as a result of a Card transaction directly between you and a Cardholder or any transaction you know or should know to be fraudulent or not authorized by the Cardholder. You will not sell or disclose to third parties Card account information other than in the course of performing your obligations under this Agreement.

S. Debit Card Processing.

I. "Debit Networks" means those debit card networks accepted by Processor, including but not limited to the following organizations and their successors: Star, NYCE, Pulse, Interlink, AFFN, Alaska, Jeanie, Accel, and Money Station.

II. Credit Refunds. You will attempt to settle in good faith any dispute between you and a Cardholder involving a transaction. You will establish a fair, consistent policy for

vi. Error Resolution. You will refer Dabit Card Cardinides with questions or problems to the institution that issued the Dabit Card. You will cooperate with photocoasts and with a control of the property of

either the Card Associations, Proceedings of the Cardholder must enter his Personal Identification Number ("PIN") through a PIN pad For each PIN-based Debit Card sale, the Cardholder must enter his Personal Identification Number ("PIN") through a PIN pad roated at the point of sale.

Each PIN pad will be situated to permit Cardholders to input their PINs without revealing them to other persons, including your cardholder. The process of the PIN and that in the event that any of your process of the PIN pad that in the event that any of your process.

i. For each PIN-based Debit Card sale, the Cardholder must enter his Personal Identification Number ("PIN") through a PIN pad located at the point of sale.

ii. Each PIN pad will be situated to permit Cardholders to input their PINs without revealing them to other persons, including your personnel.

iii. You will instruct personnel that they may not ask any Cardholder to disclose the PIN and that in the event that any of your personnel nevertheless becomes aware of any Cardholder's PIN, such personnel will not use such PIN or create or maintain any record of such PIN, and will not disclose such PIN to any other person.

iv. The PIN message must be encrypted from the PIN pad to the point sale devices connected to a Debit Network used to initiate runs actions ("Fermina") and from the Terminal to the Debit Network and back so that the PIN message will not be in the clear at any point in the transcalion or explicit in conformity with Regulation Is and the Rules will be made available to the Cardholder.

vii. You may not establish a minimum or maximum transaction amount as a condition for use of a Debit Card.

viii. You may not collect tax as a separate cash transaction.

X. Debit Card Terminals. Debit Card terminals, including hardware and software, must be certified for use by BAMS and by all of the Debit Networks. Terminals must include encrypted PIN pads which allow entry of up to sixteen character PINs, printers and a keyboard lock function. You are responsible for compliance with all Rules regarding the use of Terminals, regardless of whether such Terminals are obtained through CD or through a third party

5. Designated Account.

A Establishment and Authority, Merchant will establish and maintain an account at an ACH receiving depository institution approved by Bank ("Designated Account"). Merchant will establish and maintain an account at an ACH receiving depository institution approved by Bank ("Designated Account"). Merchant will establish and maintain and the besignated Account for this personal providers

7. Security Interests, Reserve Account, Recoupment and Set-Off.
A. Security Interests.

7. Security Interests, Reserve Account, Recoupment and Bet-Off.
A. Scouping Agreement. This Agreement is a security agreement under the Uniform Commercial Code, You grant to Processor and Scouping Agreement. The Agreement Commercial Code, You grant to Processor and Bank a security inferents and simple on Processor and Security of the Code o

of Processor's and Bank's liability shall not exceed the lowest amount determined in accord with the foregoing calculation for any nemonth involved. Neither Processor Bank nor their agents, officers, directors, or employees shall be liable for indirect, special, or consequential damages.

D. Performance. Processor and Bank will perform all services in accordance with this Agreement. Processor and Bank make no warranty, express or implied, regarding the services, and nothing contained in the Agreement Will constitute such a warranty, Processor and Bank disclaim all implied warranties, including those of merchantability and intense for a particular purpose. No party will be liable to the others for any failure or delay in its performance of this Agreement if such failure or delay arises out of causes beyond the control and without the, fault or negligence of such party. Neither Processor or Bank shall be liable for the acts or omissions of any third party. For purposes of this Agreement, Processor is the exclusive agent of Bank and Bank is at all times entirely responsible for, and in control of Processor's performance.

10. Representations and Warranties. You represent and warrant to Processor and Bank at the time of execution and during the furnity of this Agreement the following:

A. Information. You are a corporation, limited liability company, partnership or sole proprietorship validy existing and organized in the United States. All information contained on the Application or any other document submitted to Processor of Bank is true and complete and property reflects the business, financial condition, and principal partners, owners, or officers of Merchant. You are not obtain the prior written consent of Processor and Bank.

B. Entity Power. Merchant and the person signing this Agreement the house set forth on the Application, unless you obtain the prior written consent of Processor and Bank.

B. Entity Power. Merchant and the person signing this Agreement to which you are subject.

C. No Liligation or Termi

A Audit, You authorize Processor or Bank to audit your records, systems, processes or procedures to confirm compliance with this Agreement, as amended from time to time. You will obtain, and will submit a copy of, an audit of your business when requested by Processor or Bank.

B. Financial Information.

i. Authorizations. You authorize Processor or Bank to make any business or personal credit inquiries they consider necessary to review the acceptance and continuation of this Agreement. You also authorize any person or credit reporting agency to compile information to answer those oredit inquiries and to furnish that information to Processor and Bank.

ii. Documents, You will provide Processor or Bank personal and business financial statements and other financial information as requested from time to time. It requested, you will furnish within 120 calendar days after the end of each fiscal year to Processor and Bank.

A financial statement of profit and loss for the fiscal year and a balance sheet as of the end of the fiscal year.

A Services. You may be using special services or software provided by a third party to assist you in processing transactions, including authorizations and settlements, or accounting functions. You are responsible for ensuring compliance with the requirements of any third party in using their products. This includes making sure you have and comply with any software updates. Processor and Bank have no responsibility for any transaction until that point in time Processor or Stank receive data about the transaction.

B. Use of Terminals Provided by Others. You will notify Processor and Bank immediately if you decide to use electronic authorization or data capture terminals or software provided by any entity other than Processor and Bank or its authorize designee (Triff Party Terminals) to process transactions. If you elect to use Third Party-Terminals you gare (f) the third party providing the terminals for a firm of a provided by any entity other than Processor and Bank will be responsib

perow. ation. The Agreement may be terminated by Bank or Merchant to be effective at the end of the Initial Term or any Renewal

Term by giving written notice of an intention not to renew at least 90 calendar days before the end of the current term. Further, this Agreement may be terminated at any time with or without notice and with or without cause by Processor and Bank. Processing under a particular Debit Network whether caused by termination or expiration of expiration of Processor's agreement with such Debit Network whether caused by termination or expiration of Processor's agreement with such Debit Network whether caused by termination or expiration of Processor's agreement with such Debit Network whether caused by termination or expiration of Processor's agreement with such Debit Network whether caused by termination or expiration of Processor's agreement with such Debit Network by you will be suspended for the period of time of such suspension and BANS or CD will immediately notify you of that event. Neither Processor, Bank, nor any Debit Network will have any liability to you as a result of any such suspension or termination.

1. Terminated Merchant File. You acknowledge that Bank is required to report your business name and the name of Merchant's principals to Visa and MasterCard when Merchant is terminated due to the reasons listed in the Rules.

1. Designated Account. All your obligations regarding accepted Sales Drafts will survive termination. You must maintain in the Designated Account and the Reserve Account enough funds to cover all chargebacks, deposit charges, refunds and fees incurred to you for account is not adequate, you will great not less than the time specified in this agreement. You authorize Bank to charge those accounts, or any other account maintained under this Agreement for all processor and Bank the amount you over it upon demand, together with all costs and expenses incurred to collect that amount, including reasonable attorneys fees.

11. Equipment. Within 14 business days of the date of termination, for all such amounts, if the amount in the Designated Account will be processor and Bank the amount you

expenses nourned to obsect that shrould, rectaining researchment and analyses with the supplement costs.

In Early Termination. If you terminate the Agreement before the end of the Initial Term, you will immediately pay Bank, as decommented to the control of the Initial Term, you will immediately pay Bank, as decommented to the Initial Term, you will immediately pay Bank, as decommented to the Initial Term, you will immediately pay Bank, as decommented to the Initial Term, you will immediately pay Bank, as decommended to the Initial Term, you will immediately pay Bank, as decommended to the Initial Term, you will immediately pay Bank, as decommended to the Initial Term, you will immediately pay Bank, as decommended to the Initial Term, you will be a second to the Initial Term, you may not refer to Vise or Massic Card in Initial Term, you will be a second to the Initial Term, you may not refer to Vis



105 Decker Court Suite 650 Irving, TX 75062 Tel: 800-944-1399 Fax: 214-260-9320

	Merchant Pro	cessing Agreement LOCATION FORM	
erchant#			Office #: ISO
	***** Original Signer Must S ** Merchant Account B	Sign For All Additional Locations Entry Form must be included **	S *****
Business Legal Name	e: <u>CINERGY</u> H	ss Information	
Business DRA Name	CINEDOX	ALTH AND LIFE	7.15.104.11.5
Mailing / Business Ad	Idrese: 19495	BISCAYNE BL	INS UPLANCE
City, State, Zip Code:	AVENTURA E	1 33100	VO., SUITE 604
Contact Name: Hou	AVENTURA, F NARD MARKOWI	177	
Phone #: 105 - 7	192-9996 EXT	104 Fay # 305- 70	7-9660
Location Address: /	19495 BISCAYNI	E BLVA., SUITE	604
Contact Name: Hou	VARA MARKOW	777	
Phone: 305-79	2-9996 FXT	<u>/ 33/80</u> //Z / <u>04</u> Fax#: <u>305-79</u>	3-9669
Corporate Merchant	D#:	<u> </u>	7007
	Electronic Debi	t/Credit Authorization	
lerchant hereby authoriz ebit/credit entries to Mer- Designated Account" for a full force and effect untinanner as to afford Bank ave arisen under this Agr  Checking Account Bank Name and Phon Address, City, State, 2	tes Bank, in accordance wirchant's deposit account, as all purposes under the Meril (a) Bank has received write reasonable opportunity to reement have been paid in account Only – A Voided Cone #:  Zip Code:	ith the Merchant Processing s indicated below this accourchant Processing Agreemer itten notification from Merchact on it and (b) all obligation full.  Check From This Account for the secount for the second for the secount for the second fo	Int will be deemed the nt. This authority is to rema ant of its termination, in sucons of Merchant to Bank that Must Be Attached
lerchant hereby authoriz ebit/credit entries to Mer- Designated Account" for a full force and effect untinanner as to afford Bank ave arisen under this Agr  Checking Account Bank Name and Phon Address, City, State, 2	tes Bank, in accordance wirchant's deposit account, as all purposes under the Meril (a) Bank has received write reasonable opportunity to reement have been paid in account Only – A Voided Come #:	ith the Merchant Processing s indicated below this accourchant Processing Agreemer itten notification from Merchact on it and (b) all obligation full.  Check From This Account for the secount for the second for the secount for the second fo	Int will be deemed the nt. This authority is to rema ant of its termination, in sucons of Merchant to Bank that Must Be Attached
lerchant hereby authorize bit/credit entries to Merebit/credit entries to Merebesignated Account" for full force and effect untivanner as to afford Bank ave arisen under this Agrane Bank Name and Phone Address, City, State, Zernit fransit #:  [print name] Davie 2  [print name] Davie 2  [print name] Davie 3  [print name] Davie 4  [print name] Davie 4	res Bank, in accordance wirchant's deposit account, as all purposes under the Meril (a) Bank has received write reasonable opportunity to reement have been paid in account Only – A Voided Come #:  Zip Code:  Tourze R  processing account. I under the original Merchant Processing additional least to the original merchant processing account.	ith the Merchant Processing s indicated below this accourchant Processing Agreemer itten notification from Merchact on it and (b) all obligation full.  Check From This Account for the secount for the second for the secount for the second fo	Int will be deemed the nt. This authority is to rema ant of its termination, in such as of Merchant to Bank that Must Be Attached  y to add this additional local and itions set forth in my ag but not limited to the

Ver. 01/22/07

www.signapay.net



1. The reserve account will be established by:

Cynergy Data 109-15 14th Ave. College Point NY, 11356

Tel: 800-933-0064 Fax: 718-463-6095

## **Merchant Reserve Acknowledgment**

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card processing account, Cynergy Data and its agents, including its processing bank, have the authority to establish a reserve account in accordance with Section 7.B of the Merchant Processing Agreement ("MPA") and the following:

A. A certified check made payable to Cynergy Data in the

initials	amount of \$
fritials	B. Withholding10_% from each gross deposit.
	ve account will be used to offset any amounts owed by the Merchant under the MPA. If forward to Cynergy Data funds to replenish the reserve account if any funds are it.
	nce of the reserve account, if any, will be returned to Merchant up to 210 days after f the MPA or Merchant's last transmission of sales drafts, whichever is later.
	ge that if there is any conflict between the terms of this letter and the terms of the MPA, the MPA will govern.
Cinergy	Health, Inc.
Business Le	egal Name or D.B.A.
Signature Daniel 1	Coulzer
Printed Nam	ne .
Its: Presi	dent / Owner (Circle One)
01-30-20	007
Date	



1. The reserve account will be established by:

Gynergy Data 109-15 14th Ave. College Point NY, 11356

Tel: 800-933-0064 Fax: 718-463-6095

# **Merchant Reserve Acknowledgment**

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card processing account, Cynergy Data and its agents, including its processing bank, have the authority to establish a reserve account in accordance with Section 7.B of the Merchant Processing Agreement ("MPA") and the following:

initiels	A. A certified check made payable to Cynergy Data In the amount of \$
filltals	B. Withholding 10 % from each gross deposit.  (To be reviewed quarterly)
2. The reserved Merchant will debited from it	/e account will be used to offset any amounts owed by the Merchant under the MPA. forward to Cynergy Data funds to replenish the reserve account if any funds are t.
<ol><li>The balar termination of</li></ol>	the MPA or Merchant's last transmission of sales drafts, whichever is later.
l acknowledge the terms of the	e that if there is any conflict between the terms of this letter and the terms of the MPA, the MPA will govern.
Cinergy 1	Health, Inc. /DBA - Cinergy Health and Life, Inc.
Business Le	gal Name or D.B.A.
Signature Daniel T	ouizer
Printed Nam	
Its: Presid	lent) / Owner (Circle One)
11-28-07 Date	



1. The reserve account will be established by:

**Cynergy Data** 109-15 14th Ave. College Point NY, 11356

Tel: 800-933-0064 Fax: 718-463-6095

# **Merchant Reserve Acknowledgment**

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card processing account, Cynergy Data and its agents, including its processing bank, have the authority to establish a reserve account in accordance with Section 7.B of the Merchant Processing Agreement ("MPA") and the following:

A. A certified check made payable to Cynergy Data in the amount of \$
B. Withholding 20 % from each gross deposit.
2. The reserve account will be used to offset any amounts owed by the Merchant under the MPA. Merchant will forward to Cynergy Data funds to replenish the reserve account if any funds are debited from it.
3. The balance of the reserve account, if any, will be returned to Merchant up to 210 days after termination of the MPA or Merchant's last transmission of sales drafts, whichever is later.
I acknowledge that if there is any conflict between the terms of this letter and the terms of the MPA, the terms of the MPA will govern.
Cinergy Health, Inc. /DBA - Cinergy Health and Life, Inc.
Business Legal Name or D.B.A.
p.T
D-1 au 9
Signature
Daniel Touizer  Printed Name
Its: President / Owner (Circle One)  12-05-2007
Date