

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 per claim form.)	
<input type="checkbox"/> Cynergy Data, LLC – (Case No. 09-13038) <input checked="" type="checkbox"/> Cynergy Data Holdings, Inc. – (Case No. 09-13039) <input type="checkbox"/> Cynergy Prosperity Plus, LLC – (Case No. 09-13040)	
Name of Creditor (the person or other entity to whom the debtor owes money or property):	
AMERICAN STANDARD ONLINE COM	
Name and address where notices should be sent: Name ID: 8455196 Pack No. 306	
AMERICAN STANDARD ONLINE COM SUSAN QUINN 401 N MILPAS ST SANTA BARBARA, CA 93101	
Telephone No. _____	
Name and address where payment should be sent (if different from above):	
<input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return	
Telephone No. _____	
1. Amount of Claim as of Date Case Filed: \$ <u>38,351.80</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
2. Basis for Claim: <u>Rolling reserve account</u> (See instruction #3a on reverse side)	<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
3. Last four digits of any number by which creditor identifies debtor: <u>2141</u> 3a. Debtor may have scheduled account as: <u>MSDQ PRODUCTIONS LLC</u> (See instruction #3a on reverse side.) 3b. Creditor Tax ID # <u>26-2743134</u>	
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. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____ * Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.
6. Section 503(b)(9) Claim Amount: _____ <input type="checkbox"/> 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.	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: 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. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:	
Date: <u>AN 26 2010</u> Signature: <u>SUSAN QUINN OWNER/PRES.</u> 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.	RECEIVED FOR COURT USE ONLY JAN 29 2010 KURTZMAN CARSON CONSULTANTS

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



091303910012900000000002

CHARTER CLAIBORNE HUGHES

Attorney at Law


21 East Canon Perdido Street, Suite 218
Santa Barbara, California 93101

Telephone
(805) 965-6810

Facsimile
(805) 617-3378

January 28, 2010

Cynergy Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

 **VIA U.S. MAIL**

Cynergy Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo. CA 90245

VIA FEDERAL EXPRESS

Re: Proof of Claim
Cynergy Prosperity Plus, LLC.

Dear Sir or Madam:

Enclosed herewith please find 4 Original Proof of Claim forms together with a copy for acknowledgement and self-addressed, stamped return envelope.

Thank you for your courtesy and cooperation. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,


CHARTER CLAIBORNE HUGHES

CCH/tjm
Enclosures
cc: MDSQ Productions



Application Status Reports

Application Record

Merchant Information	
MID #:	3899000001372000
DBA Name:	AMERICAN STANDARD FINANCE COM
Merchant Address:	1187 COAST VILLAGE RD
City:	MONTECITO
State:	CA
Zip:	93108
Telephone:	8883033153
Email Address:	QUINN93108@GMAIL.COM
Application Information	
Date Received:	3/13/2009 11:18:00 AM
Status Date	3/13/2009 11:18:00 AM
Status:	Approved
Comments:	3/4/09- Pending; website provided americanstandardfinance.com is not in compliance; website is not secured and missing terms and condition polociies. The phone number provided on website and app belongs to Anchor House. Please provide a completed moto addendum under Harris bank, approval conditional letter attached for type of services (memberships) and rolling reserve letter attached due to high risk account and set as exiting account (Anchor House)....KH 3/11/09- received updated website with terms and condition policies and secured. Still pending for the rest of the info prevlouly requested...Kh 3/13/09- Appro
View App:	View PDF of This Merchant Application
Equipment Information 1	
Equipment Type:	START UP KIT NOT INCLUDED
TID #:	
Download:	N/A
Application Name:	None
App Num:	NA
Serial #:	
Deployment Status:	Pending
Comments:	
Equipment Information 2	
Equipment Type:	AUTHORIZE.NET GATEWAY
TID #:	028100153309001
Download:	N/A
Application Name:	Generic Auto Batch
App Num:	NA

OFFICE #: _____
 REPRESENTATIVE NAME: Perezon T James
Last MI First

Merchant Reprogram Purchase Lease Application Fee Reprogram Fee
 MERCHANT IS SIGNING UP FOR THE FOLLOWING: *(Please check ALL that apply)*
 Tribal NPC Tribal Checks GEN/Loyalty Cash Advance Prepaid EBT Cash EBT Food Stamp Other _____

Merchant Information
 MERCHANT DOWNLOAD AND TRAINING TO BE COMPLETED Sales Office/Rep Tribal Tech
 MERCHANT NAME/DBA American Financial Services, Inc.
 MERCHANT CONTACT: _____ TELEPHONE: 705 942-7945 Email _____
 ADDRESS: 1187 Coast Village Lane 155 Mantee, LA 93188
 INDUSTRY TYPE: Retail Restaurant Business MOTEL Hotel Rest. (tip) _____ QSR Other _____

Equipment Information
 Software Type: Auth Net Contact # for software provider _____
 POS System
 TERMINAL MODEL _____ Quantity 7 Purchase Lease Reprogram New Refurb
 TERMINAL MODEL _____ Quantity _____ Purchase Lease Reprogram New Refurb
 PRINTER MODEL _____ Quantity _____ Purchase Lease Reprogram New Refurb
 CHECK READER MODEL _____ Quantity _____ Purchase Lease Reprogram New Refurb
 PIN PAD MODEL _____ Quantity _____ Purchase Lease Reprogram New Refurb
 Terminal to be supplied by: TRIBUL AGENT MERCHANT
 Auto Close (Y/N) _____ Time: _____ a.m./p.m. Daily Discount (DEFAULT SETTING) Monthly Discount
Adding Acc Loc to Anchor House Financial

Amex/Discover
 NEW - if merchant is applying for new AMEX NEW - if merchant is applying for new Discover
 EXISTING - if merchant has existing MID Amex/Discover number, please provide below:
 AMEX ID # _____ SPLIT DIAL: NO YES (equipment criteria must be met)
 DISCOVER ID # _____

Shipping Information
 MERCHANDISE WILL BE SHIPPED TO: MERCHANT REPRESENTATIVE OTHER: _____
 SHIP TO: _____ MERCHANT WELCOME KIT WILL BE SHIPPED TO:
 ATTN: _____ MERCHANT (DEFAULT SETTING) AGENT
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 SHIPPING METHOD: Priority Overnight \$42.50 Standard Overnight \$38.50 2nd Day \$18.25 3rd Day \$12.50 Ground (DEFAULT SETTING) \$5.25

Payment Information
 BILLING AMOUNT: \$ _____ FREE _____
 TRIBUL TO ACH MERCHANT REPRESENTATIVE
 PAYMENT METHOD: ACH (USE ACH FORM & INCLUDE VOIDED CHECK) CHECK CHECK # _____
 CREDIT CARD CARDHOLDER NAME: _____
 CARD # _____ EXPIRATION DATE _____ SECURITY CODE: _____

ACH Information
 I hereby authorize Business Payment System (BPS) a third party processor hereafter to initiate debit transfer into my bank account for the amount(s) & on the date(s) listed above. This authorization is to remain in full force until I receive written notification from you of its termination in which case it is such a matter to afford BPS a reasonable opportunity to act on it, approximately (30 days). I understand that BPS may contact this payment plan at ANY time. I request & warrant that I am not required to execute this authorization agreement and I indemnify & hold BPS, Bank, and their respective agents harmless from attorney, lost, and/or other charges resulting from all subsequent actions hereunder. NOTE: Please attach an impounded, voided check.
 Merchant Signature _____ Date: _____ ACH: Merchant Agent
 Please specify the date by which the above listed bank account will be prepared with sufficient funds to be debited and voided all fees applicable to this account.
 Date: _____

1 COLD CALL



Merchant # _____
 New Location Additional Location
150 Broadway • 3rd Floor • New York, NY 10038
Tel: 866-602-0996 www.TribulOnline.com

ISO#: _____

Legal Name: MSB PRODUCTIONS LLC	Name of Account (Doing Business As): AMERICAN STANDARD FINANCE, COM
Legal Address: 401 N. MILANS ST.	Physical Street Address (No P.O. Box): 1187 Coast Village Rd #153
City: Santa Barbara CA 93101	City: MONTECITO CA 93108
Phone #: (805) 940-7915	DBA Phone #: 888-303-8153
Contact: Susan / MIKE	Website Address: FINANCE
Must Choose One Mailing Address: <input checked="" type="checkbox"/> Mailing Address <input type="checkbox"/> Legal Address	E-Mail Address: www.AMERICANSTANDARD.com
Federal Tax ID: 262749134	Years Owned Business: 1
Place of Legal Formation: CA	Country of Primary Business Operations: USA

Bank Reference: MONTECITO BANK TRUST	Contact: acct	Phone #: (805) 564-0244
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Name: 1. SUSAN Quinn	Title: OWNER/PRES	Date of Birth: 5-25-84	Applicant's SS #: 572-79-8051	% Equity Ownership: 100%
Residence Address: 477 W. OMEGA ST	City: SANTA BARBARA	State: CA	Zip: 93101	# Years: 7
US Government Issued ID#: D3249594	Type of ID: DL	Expiration Date: 07-1-	Country of Citizenship (if not US): USA	Home Phone: (805) 680-7184
Name: 2	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:	City:	State:	Zip:	# Years:

US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):	Home Phone:
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Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other:	Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Other	Discover Network/Visa/MasterCard Sales Profile (Be Accurate): Card Swipe % Manual Key Entry with Imprint, Card Present % Mail Order/Telephone % Internet % Total = 100%
Type of Goods or Services Sold: Real Estate Tools, real estate listings	SIC Code: 5311	
Do you currently accept Discover (or) Network/Visa/Mastercard? - Name of Current Processor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Yes, you should attach current month's statements)	Name of Current Processor: TRIBUL	
Has Merchant or any associated principal disclosed below filed for bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> No	Yes Date:	

Name:	Address:	Contact:	Phone #:
Name:	Address:	Contact:	Phone #:

Merchant Location: <input checked="" type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other	Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input checked="" type="checkbox"/> 2,001+
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? If No, explain: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises Landlord Name & Phone #:		
Further Comments by Inspector (Must Complete)		

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: **X JAMES PETERSEN** Office #: 10570 Representative #: _____ Representative Signature: _____ Date: **2-24-09**

White Copy - Bank • Pink Copy - Merchant

TR 08/01/08

Please Choose (1)

1) Visa / MC Retail / Discover Visa / MC MOTO / Discover / Internet

Please Choose (1)

4) Tiered Pricing Structure

Visa / MC Discount Rate 2.19 %
Visa / MC Debit Card Discount Rate (no pin) Per Item \$0.00 %
Discover Network Card Discount Rate 2.19 %
AMEX Discount Rate (Retail) 3.9 %
AMEX Rate (MOTO only) \$8.95 Monthly
Tiered Surcharges: Rewards / World (for Retail Only) 2.5 %
Interchange + Assessments + Pricing Structure
Interchange + Pass-Through (default) % Custom Billing Table

Equipment Information:

Description (Manufacturer, Model, Serial Number) Quantity

Schedule of Payments:

Basic Monthly Lease Payment \$ Minimum Lease Term Months
Plus Applicable Taxes Deposit

Table with 2 columns: Fee Name and Amount. Includes Visa/MasterCard Transaction Fee, Pin Based Debit Transaction Fee, Non Bankcard (Amex / Discover) Transaction Fee, Voice Auth. Fee, EBT Transaction Fee, Batch Settlement Fee, Monthly Paper Statement Fee, Monthly Minimum Fee, ACH Reject Fee, Annual Fee, Monthly PCI Compliance Insurance, AVS Transaction Fee, EBT Statement Fee, Other (specify), Monthly Online Service Fee, Charge back Fee, Retrieval Fee, and Early Termination Fee.

I/We understand and agree to the following: that my/our discount rate as stated above will be charged on all electronically authorized payment card transactions that are in batches closed daily (qualified rate); and that all payment card transactions that do not meet the requirements stated in number 1 above may be charged up to 2.02% - .10% higher than my/our discount rate. Discover Network/Visa/Mastercard business transactions may be charged up to 2.02% + .10% above qualified rate. Do you use a third party to process or transmit Cardholder data? [] Yes [] No. Give name/address: (examples include, but not limited to: sales companies, shopping carts, Loyalty Programs, Electronic Data Capture) Please identify any Software used for storing, transmitting or processing Card Transactions or Authorization requests.

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. (American Express) to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the 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 entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions. CHECK ONE [] Retail - \$0.10 Trans Fee - 0.30% CNP Downgrade [] Services, Wholesale & All Other - \$0.15 Trans Fee

Signature: X Date:

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 until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

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 TICKET SIZE \$ 200.00 OCCASIONAL HIGHER TICKET \$ 400.00 AVERAGE MONTHLY VOLUME \$ 30,000.00
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 13c 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 Harris, N.A., Chicago, IL. 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. These 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.

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 guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements 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 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 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.
AGREED AND ACCEPTED
[Signature] 2-24-09
#1 From Application - Signature Date

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.
Print Legal Name of Merchant Business
X [Signature] 2-24-09
#1 From Application - Signature Date
X #2 From Application - Signature Date
Accepted by Processor Date
Accepted by Harris (NAC) Date



150 Broadway 3rd Floor New York - NY 10038

Tel: 866-602-0986

underwriting@joinbps.com

Merchant Reserve Acknowledgement

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card processing account, Tribul Merchant Services LLC 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:

1. *The reserve account will be established by:*


Initials

Withholding 15% 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 Tribul LLC 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 270 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.

MSDQ Productions LLC // American Standard Finance.com

Business Legal Name or D.B.A.



Signature

Susan Quinn

Printed Name

owner

Title

3-12-09

Date

Paths to prosperity



2/26/06

To Whom It May Concern:

MSDQ/AMERICAN STANDARD has existing account number 192077605 with Montecito Bank & Trust, whose routing number is 122234783.

If you have any questions please feel free to me at 805-564-0213.

Thank you.

A handwritten signature in cursive script that reads "Rena Hennen".

Rena Hennen
Personal Banker
Montecito Bank & Trust
1000 State Street
Santa Barbara, CA 93101



150 Broadway 3rd Floor New York - NY 10038

Tel: 866-602-0996

underwriting@joinbps.com

March 12, 2009

To Whom It May Concern:

This letter is to confirm that my business, MSDO Productions LLC / American Standard Finance.com, has applied for a merchant account with Tribul Merchant Services LLC. I understand and agree that my Visa and MasterCard account will only be used for month to month transactions. I also understand that I may not process transaction(s) for more than 30 days in advance and no annual memberships.

Furthermore, I understand that failure to comply may result in termination of contract with Tribul Merchant Services LLC and funds may be held as a direct result of failure to honor this agreement.

Sincerely,

Owner Signature: x

Merchant Name: Susan Quinn

Please Print