



MERCHANT SERVICES, INC.

890 Mountain Ave., New Providence, NJ 07974 • 908-516-5900 • Fax: 908-516-5966 • www.msihq.com/info

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MERCHANT APPLICATION

Office Use Only:	Associate: 3 6 2	Chain:	MCC Code:	Fair Isaac:	Analyst:	
	Merchant No.:			Existing Merchant No.:		
	Rep Name			Rep Phone		Rep Code

- New Location
- Additional Location

I BUSINESS NAMES

Business Legal Name	Statement & Mailing Address (if different from DBA Address)
DBA (Doing Business As)	City, State, Zip
Location Address	Contact Name
City, State, Zip	Phone # Fax #
Federal Tax I.D. Number	E-mail address

BANKING INFORMATION

Name of Merchant's Bank _____ Contact _____ Bank Phone # _____

Acct. Type: Checking Savings Routing / ABA # _____ DDA / Checking Account _____

II MERCHANT PROFILE

Type of Ownership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Other	Number of Locations	Merchandise/Service Sold		
Years in Business	Length of Current Ownership	Percent of Business	Percent of Sales to	Merchant Type
Has this Business or any Principal been terminated as a Visa/MasterCard/DN Merchant (TMF)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Card Swiped _____%	Consumer _____%	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging
Has Merchant or any Principal disclosed below filed bankruptcy or been subject to any involuntary bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Manual Key with Imprint _____%	Business _____%	<input type="checkbox"/> Retail w/Tips <input type="checkbox"/> EZ Pay
Monthly Volume	Highest Ticket Amount	Mail Order/Tel. Order _____%	Total = 100%	<input type="checkbox"/> Retail w/Store & Forward Gateway
\$ _____	\$ _____	Total = 100%	Total = 100%	<input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO
Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently accept VISA/Mastercard/DN? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the Cardholder billed for Products/Services? <input type="checkbox"/> On Order <input type="checkbox"/> On Shipment	Is a fulfillment house used? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Delivery Method of Products/Services? <input type="checkbox"/> Time of Sale <input type="checkbox"/> 5-10 Days <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 10-15 Days <input type="checkbox"/> 3-5 Days <input type="checkbox"/> 15+ Days	What is the Merchant's Return Policy?	What is the Merchant's Refund Policy?	Does the Business use any Third Parties in the payment process? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	

III OWNER OR OFFICER

Principal (print) _____ % Equity Ownership	Social Security No. _____	Phone No. _____
Residence Address _____	City, State & Zip _____	D.O.B. _____

REFERENCES	Trade Reference _____ Contact _____ Account No. _____ Phone No. _____
	Trade Reference _____ Contact _____ Account No. _____ Phone No. _____

BANK DISCLOSURE

Member Bank Information First National Bank of Omaha (FNBO) 1620 Dodge Street Omaha, Nebraska 68197 402-633-2900	Important Bank Responsibilities 1. FNBO is the only entity approved to extend acceptance of VISA products directly to a Merchant. 2. FNBO must be a principal (signor) to the Merchant Agreement. 3. FNBO is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply. 4. FNBO is responsible for and must provide settlement funds to the Merchant. 5. FNBO is responsible for all funds held in reserve that are derived from settlement.
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Merchant Information Merchant Name: _____ Merchant Address: _____ Merchant Phone: _____ Merchant Signature: X _____ Merchant's Printed Name: _____ Title: _____ Date _____	Important Merchant Responsibilities 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with VISA Operating Regulations. The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member - FNBO - is the ultimate authority should the Merchant have any problems.
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MERCHANT NEW ACCOUNT ORDER FORM

INDICATES SERVICES APPLIED FOR

EQUIPMENT

Verifone/Nurit: [] VX510 [] 8400 [] 8400 Lite [] PIN PAD 1000 SE [] PIN PAD PV1310 [] 2085
Wireless: [] Nurit 8000 Series
Hypercom: [] T7P [] T7Plus [] PIN PAD P1300 [] Other
Check Reader: [] Ingenico 2500 [] Ingenico 3000 [] RDM Imager
Software: [] PC-Charge
Manual Imprinter VISA/MC/DN regulation requires an imprint for non-swipe transactions, cost \$25 one time fee.

Merchant will be charged for PCI Validation \$99.00 annually

SPECIAL INSTRUCTIONS

INITIAL SETUP FEES

I understand that MSI Merchant Services, Inc. is registered as a Member Service Provider with MasterCard, an ISO with Visa for FNBO, and a Merchant Acquirer for Discover Network.
I am buying the credit card processing equipment;
I also understand that if I have any questions, concerns, comments or problems regarding my credit card processing or equipment I can call the appropriate number listed above for assistance.
Merchant Initials:
Subtotal \$
Tax (%) \$
TOTAL \$

CARD PRESENT

CARD NOT PRESENT

Please Select One: [] 3 TIER [] 4 TIER
Discount Rate Tran Fee
[] VISA Rate 1 (Qualified) % \$ ea.
[] VISA Rate 2 (Mid-Qual) Rate 1 + % 10 \$ ea.
[] VISA Rate 3 (Non-Qual) Rate 1 + 1. % 10 \$ ea.
[] VISA Rate 4 (Non-PIN Debit) % \$ ea.
[] 2 TIER
[] VISA Rate 1 (Qualified) % \$ ea.
[] VISA Rate 3 (Non-Qual) Rate 1 + % 10 \$ ea.

Please refer to the Terms and Conditions for the Rate Descriptions

FEES: [] Capture/Batch: ea. [] Voice Auth: 95¢ ea. [] Chargeback: \$25 ea. [] Retrieval: \$25 ea.
RETAIL FEES: [] Statement Fee: per month [] Monthly Minimum: [] Debit Access Fee: per month
MAIL / TELEPHONE / INTERNET FEES: [] Statement Fee: /month [] Monthly Minimum: [] Gateway Transaction Fee: ea. [] Monthly Gateway Access Fee:
[] PIN-Based Debit Fee: \$ ea. [] Debit Network Interchange Fee: Pass Thru [] Debit Switch Auth Fee: Pass Thru
[] EBT Transaction Fee: N/A % \$ ea.
[] AMEX Discount Rate: % 20 \$ ea.
[] Interchange Auth Fee: N/A % 5 \$ ea.

MSI SUPPLY REPLACEMENT PROGRAM

[] Yes, I want to participate in the optional Merchant Program which includes equipment support, common repair and supplies for an additional \$9.50 per month.
Annual postage and handling fee (billed each December to cover the following years costs in ground surface shipment of forms/supplies, and the handling of defective equipment deemed repairable under manufacturer warranty), \$59.

IV MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

Merchant Location: [] Retail Location With Store Front [] Office Building [] Residence [] Other
Area Zoned: [] Commercial [] Industrial [] Residential
Square Footage: [] 0-250 [] 251-500 [] 501-2,000 [] 2,001+
Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? [] Yes [] No
The Merchant: [] Owns [] Leases the business premises
Whom Does Merchant Lease From? (Name and Telephone Number)
Photo Attached? [] Yes [] No
Further Comments By Inspector (MUST COMPLETE):
I hereby verify that this application has been fully completed by merchant 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. Any misrepresentation may result in losses and/or liabilities.
Agent Name (please print) Signature Agent # Date

X

Merchant Name (please print) Merchant Signature Title Date

MSI - Original Merchant - Pink



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V EXISTING AMERICAN EXPRESS

AMEX

Reverse PIP Hypercom Only

VI AMERICAN EXPRESS

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: 10¢ Trans Fee + 0.30% CNP Downgrade Services, Wholesale & All Other: 15¢ Trans Fee

VII FUNDS TRANSFER AUTHORIZATION Attach a Voided Check or Bank Letter

In accordance with the Terms and Conditions funds transfer will be made to/from the account set forth in the enclosed voided check or bank letter.

VIII DISCLOSURE

MERCHANT has indicated above which additional services it is requesting. MERCHANT agrees that FNBO is not a party to any agreement for services from the following companies: American Express, CHARGE Anywhere, and Authorize.NET, and any such agreement is strictly between MERCHANT and each individual company. MERCHANT also agrees that FNBO is not a party to any agreement for services from MSI Merchant Services, Inc. other than merchant processing and any such agreement is strictly between MERCHANT and MSI merchant Services, Inc. MERCHANT must be approved by each company and each company may send its terms and conditions to the address of MERCHANT indicated herein upon such approval. MERCHANT agrees to be bound by such company's terms and conditions.

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, 5.2.A or 5.2.B, MERCHANT agrees to pay MSI an early termination fee ("EARLY TERMINATION FEE") equal to the greater of \$250.00 or \$35.00 multiplied by the number of months remaining in the then-current term, in addition to all other amounts merchant owes. MERCHANT agrees that the EARLY TERMINATION FEE is not a penalty, but rather is reasonable in light of the financial harm caused by MERCHANT's early termination.

IX PERSONAL GUARANTY (NO TITLES)

GUARANTY: THIS general, absolute, and unconditional continuing Guaranty ("GUARANTY") is undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of First National Bank of Omaha ("FNBO"). For value received, and in consideration of the mutual undertakings contained in the merchant transaction processing agreement and allied agreements ("AGREEMENT") between FNBO and ("MERCHANT") as set forth below, I absolutely and unconditionally guarantee the full performance of all MERCHANT'S obligations to FNBO, together with all costs, expenses and attorneys' fees incurred by FNBO in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require FNBO to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY, I authorize FNBO, its agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at FNBO's request, financial statements and/or tax returns. I agree that this GUARANTY shall be governed and construed in accordance with the laws of the state of Nebraska, and that the courts of the state of Nebraska shall have and be vested with personal jurisdiction over me. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by FNBO of written notice by me terminating or modifying the same. The termination of AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representative, heirs, administrators, successors and assigns of GUARANTOR and FNBO.

AGREED AND ACCEPTED:

 Merchant Legal Name

X _____
 Principal from Application – Signature

_____ Date

_____ Principal from Application – Print Name

X SIGNATURE BLOCK

BY THEIR EXECUTION BELOW, THE UNDERSIGNED PARTIES AGREE TO ABIDE BY THE MERCHANT TRANSACTION PROCESSING AGREEMENT (THE "AGREEMENT"). THE AGREEMENT CONSISTS OF THE MERCHANT APPLICATION AND THE TERMS AND CONDITIONS (A SEPARATE ATTACHMENT HERETO), AND MERCHANT ACKNOWLEDGES RECEIPT OF THE TERMS AND CONDITIONS AT THE TIME OF SIGNING. MERCHANT WARRANTS THAT THE INFORMATION PROVIDED ON THE APPLICATION IS COMPLETE AND ACCURATE. MERCHANT AUTHORIZES FNBO TO PROVIDE A COPY OF THEIR APPLICATION TO ANY THIRD PARTY FOR THE SERVICES REQUESTED. MERCHANT, AND ITS SIGNING OFFICER/OWNER/PARTNER, AUTHORIZE FNBO, OR ITS AGENTS OR ASSIGNS TO MAKE, FROM TIME TO TIME ANY BUSINESS AND PERSONAL CREDIT AND OTHER INQUIRIES.

In witness whereof the parties hereto have caused this Agreement to be executed by their duly authorized representatives effective on the date signed or approved by FNBO.

 Print Legal Name of Business

X _____
 Principal from Application – Signature

_____ Date

_____ Principal from Application – Print Name

_____ Title

 Accepted by MSI Merchant Services, Inc.

_____ Date

 Accepted by First National Bank of Omaha

_____ Date

890 Mountain Avenue
2nd Floor
New Providence, NJ 07974
908-516-5900 phone

Merchant DBA: _____
Agent name: _____
ISO ID #: 5078

Check Service Programs	<input type="checkbox"/> EGOLD (CONVERSION & GUARANTEE)	<input type="checkbox"/> TRADITIONAL PAPER GUARANTEE	<input type="checkbox"/> TELE-DEBIT * GOLD	<input type="checkbox"/> ESILVER (CONVERSION & VERIFICATION)	<input type="checkbox"/> RECURRING * ACH DEBIT	<input type="checkbox"/> ARC LOCKBOX (ACCOUNTS RECEIVABLE CONVERSION)	<input type="checkbox"/> BOC (BACK OFFICE CONVERSION)	
	DISCOUNT RATE _____ %	DISCOUNT RATE _____ %	DISCOUNT RATE _____ %	DISCOUNT RATE _____ N/A %	DISCOUNT RATE _____ %	DISCOUNT RATE _____ %	DISCOUNT RATE _____ %	DISCOUNT RATE _____ %
TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	TRANSACTION FEE \$ _____	
MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	MONTHLY SERVICE \$ _____	
MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	MONTHLY MINIMUM \$ _____	
<input type="checkbox"/> QSP COMBO (QUICK SERVICE PROGRAM) INCLUDE DISCOUNT % FOR EGOLD PORTION	Enhancement: add to fees above. <input type="checkbox"/> STOP PAYMENT COVERAGE (+ .25%) <small>*STOP PAYMENT COVERAGE IS DESIGNED FOR THESE TYPES OF MERCHANTS ONLY: AUTO REPAIR, BOAT REPAIR, MOTORCYCLE REPAIR, MOTORHOME REPAIR.</small>	\$10.00 MONTHLY ACCESS FEE PER USER PIN # OF PINS _____ TOTAL PIN FEE \$ _____		BATCH FEE \$ _____ REVERSAL FEE \$ _____ RETURN FEE \$ _____ **SEE BELOW	BATCH FEE \$ _____ REVERSAL FEE \$ _____ RETURN FEE \$ _____	BATCH FEE \$ _____ REVERSAL FEE \$ _____ RETURN FEE \$ _____	BATCH FEE \$ _____ REVERSAL FEE \$ _____ RETURN FEE \$ _____	
TRANSACTION FEE \$ _____	<input type="checkbox"/> NSF BANK FEE COVERAGE (+ .25%) <small>REMEMBER: SUBMIT BANK AUTHORIZATION FORM TO MERCHANT'S BANK.</small>	Terminal: _____	Please include equipment information for all programs except Tele-Debit.					
MONTHLY SERVICE \$ _____		Bankcard Platform: _____	Quantity: _____	Check Reader/ Imager: _____				
MONTHLY MINIMUM \$ _____			Application #: _____	(Talento only)				
<p>* A COPY OF BUSINESS LICENSE MUST ACCOMPANY THIS APPLICATION FOR TELE-DEBIT GOLD AND RECURRING ACH DEBIT. ** MERCHANT MUST SUBMIT 1 MONTH BANK STATEMENT AND COMPLETE THE RECURRING DEBIT MERCHANT INFORMATION FORM.</p>								
Average Check Amount: \$ _____ Max Check Amount Requested: \$ _____ Est. monthly check volume: \$ _____								

Gift Card Service Programs	<input type="checkbox"/> FREE 50 Cards (DBA name printed on cards) On Free 50 Deal only: Additional \$5.00/month fee if no processing for 90 days.		Monthly Service Fee per location: \$ \$20.00		Note: A separate TID# is required for each POS workstation or terminal. (1) TID is included per location. Note: A \$1.50 fee per terminal will be billed monthly for all additional TID# issued for terminal or POS software.
	<input type="checkbox"/> Deluxe 250 <input type="checkbox"/> Custom 500 (artwork required) <input type="checkbox"/> Custom 100 (artwork required) <input type="checkbox"/> Custom 1000 (artwork required)	Card Text: _____ (Deluxe pkgs only)		Transaction Fee: \$ _____ Setup Card cost: \$ _____ Re-order cost per card: \$ _____	
<input type="checkbox"/> A-La-Carte (Custom Cards Only)	Gift Cards: _____ \$ _____ = \$ _____ Fold-Over Carriers: _____ \$.20 = \$ _____	Optional 2nd line for Phone #, website, etc.	<input type="checkbox"/> Merchant Training & Download (\$25 / location billed to ISO) <input type="checkbox"/> Rush Shipping Charge (Charged to Merchant)	Total: \$ _____	
<input type="checkbox"/> Gift cards <input type="checkbox"/> Loyalty cards (addendum required)	Terminal application: _____ Retail: <input type="checkbox"/> Restaurant: <input type="checkbox"/>	# of Terminals: _____ Terminal Type: _____ Printer: _____	POS Software: _____ Version: _____ # of Workstations: _____	POS Addendum required. POS software install fee per location is \$175.00	
Existing Card Conversion: <input type="checkbox"/> Database Conversion Import fee - \$0.30 per card			<input type="checkbox"/> Physical Card Conversion Encoding Fee - \$0.25 per card		
Camera ready artwork(PDF, JPG, TIF) can be e-mailed to: art@giftcardtraining.com or provided on CD with this application.					

MERCHANT ACCEPTANCE

THIS AGREEMENT INCLUDES ALL OF THE TERMS AND CONDITIONS CONTAINED ON THE FRONT AND ATTACHED RECITALS OF THIS AGREEMENT. THIS AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF EACH PARTY AS OF THE DATE BELOW. MERCHANT AUTHORIZES GETI OR ANY CREDIT REPORTING AGENCY BY GETI OR AGENT OF GETI, TO MAKE WHATEVER INQUIRIES THAT GETI DEEMS APPROPRIATE TO INVESTIGATE, VERIFY OR RESEARCH REFERENCES, STATEMENTS OR DATA OBTAINED FROM MERCHANT FOR THE PURPOSE OF THIS APPLICATION FOR ACCOMPANYING POS TERMINAL(S) OR EQUIPMENT FINANCING. PERSONAL GUARANTEE: TO INDUCE AND IN CONSIDERATION OF GETI ACCEPTANCE OF THE ELECTRONIC CHECK TRANSFER PORTION OF THIS AGREEMENT, THE UNDERSIGNED (HEREIN REFERRED TO AS "GUARANTOR") UNCONDITIONALLY, PERSONALLY, INDIVIDUALLY, JOINTLY AND SEVERALLY GUARANTEES PERFORMANCE OF THE MERCHANT'S OBLIGATIONS UNDER THIS AGREEMENT AND PAYMENT OF ALL SUMS DUE THEREUNDER AND HEREBY CONTINUES TO PERSONALLY INDEMNIFY GETI FOR ANY AND ALL FUNDS DUE FROM MERCHANTS UNDER THE TERMS OF THIS AGREEMENT. ACH DEBIT/CREDIT AUTHORIZATION: MERCHANT HEREBY AUTHORIZES BANK IN ACCORDANCE WITH THIS CHECK GUARANTEE AGREEMENT TO INITIATE DEBIT/CREDIT ENTRIES TO MERCHANT'S CHECKING ACCOUNT, AS INDICATED PER THE ATTACHED COPY OF A VOIDED CHECK FROM SAME. THE AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL (A) BANK HAS RECEIVED WRITTEN NOTIFICATION FROM MERCHANT OF ITS TERMINATION IN SUCH A MANNER AS TO AFFORD BANK REASONABLE OPPORTUNITY TO ACT ON IT, AND (B) ALL OBLIGATIONS OF MERCHANT TO BANK/GETI THAT HAVE ARISEN UNDER THIS AGREEMENT HAVE BEEN PAID IN FULL.

IMPORTANT NOTICE

ALL INFORMATION CONTAINED ON THIS APPLICATION WAS COMPLETED BY OWNERS AND/OR OFFICERS OF MERCHANT AND THEY WARRANT THAT ALL CHECK INFORMATION AND SALES VOLUME INDICATED THROUGHOUT THIS APPLICATION ARE ACURATE AND ACKNOWLEDGE THAT ANY VARIANCE TO THIS INFORMATION COULD RESULT IN DELAYED AND/OR WITHHELD SETTLEMENT OF FUNDS AS WELL AS THE LOSS OF ALL GUARANTEE PRIVLEDGES OF ALL CHECKS. NO BLANK SPACES WERE LEFT INCOMPLETE. N/A OR NONE HAS BEEN FILLED IN ANY SPACES WHERE APPLICABLE THIS AGREEMENT SHALL NOT BE BINDING OR TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY A GETI OFFICER AND A MERCHANT NUMBER HAS BEEN ISSUED WITH CHECK LIMIT AND GUARANTEE LIMIT.

MERCHANT AGREED AND ACCEPTED

I have read and agree to the terms of this agreement.

X _____ Date: _____
Authorized MERCHANT Signature

CORPORATE RESOLUTION FOR CORPORATIONS AND LLC'S ONLY.

The Officer(s) identified have the authority to execute the Check Service Agreement with GETI on behalf of the corporation or LLC.

X _____ Date: _____
Authorized Officer's Signature/Title

GETI USE ONLY BELOW THIS LINE

Application Approved by:	_____	_____	_____	_____
Authorized Signature	Title	Date	Check Limit	Guarantee Limit

Not valid unless approved and signed by authorized Officer of GETI

Check/Gift Services App Version 1.5 10-26-07

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