SUB-ISO AUTHORIZED REPRESENTATIVE CHANGE REQUEST FORM

For Sub-ISO Authorized Representative Roster Changes

Before You Begin — Submit This Form First

This form must be completed, submitted to Equip, and returned to you approved and signed by Equip before any proposed representative begins Shift4-related activity. A representative is not on the Official Authorized Representative Roster until Equip approves them in writing.

Until Equip issues written approval, a proposed representative may not:

☐ Submit merchant applications or deals
☐ Be presented to any merchant as an authorized representative
☐ Access Equip systems, portals, pricing, or merchant data
☐ Receive Shift4 training, materials, or credentials

Submitting this form is a request, not an approval. Please submit in advance of the representative's intended start date.

Sub-ISO Information

Sub-ISO Legal Name: _____

Submitted By (Name / Title): _____

Requested Effective Date: _____

Request Type:

☐ Add Authorized Representative(s)
☐ Remove Authorized Representative(s)
☐ Update Authorized Representative Information
☐ Other Roster Change: _____

Reason for Removal (if applicable):

☐ Voluntary Separation
☐ Involuntary Separation
☐ Leave of Absence
☐ No Longer Participating in Shift4 Activities
☐ Other: _____

Merchant Transition Plan (if the representative services existing merchants):

_____

_____

Authorized Representative Roster Change

The Sub-ISO formally requests that Equip Payment Solutions review and update its Official Authorized Representative Roster as indicated below. Complete one row for each representative being added, removed, or updated.

Full legal name and entity: Enter the individual's full legal name. If the individual contracts with the Sub-ISO through an LLC or other entity, enter that entity's legal name on the second line.

Position: Select Rep for anyone who solicits, sells, or services merchants on behalf of the Sub-ISO. Select Admin for support or administrative staff who do not sell.

Representative signature: Each representative being added signs and dates their own row.

#	Full Legal Name and LLC / Entity (if applicable)	Email Address	Phone Number	State of Residence	State of Primary Sales Activity	Position and Change	Representative Signature
1	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
2	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
3	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
4	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
5	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
6	Name					☐ Rep ☐ Admin ☐ Add	

#	Full Legal Name and LLC / Entity (if applicable)	Email Address	Phone Number	State of Residence	State of Primary Sales Activity	Position and Change	Representative Signature
	Entity (if applicable)					☐ Remove ☐ Update	Signature / Date
7	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
8	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
9	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date
10	Name Entity (if applicable)					☐ Rep ☐ Admin ☐ Add ☐ Remove ☐ Update	Signature / Date

State of primary sales activity is provided for administrative and recordkeeping purposes only and does not grant, reserve, or imply any exclusive or protected territory. Territory assignments are governed by the Master Agreement and Equip's territory policies.

If more than ten (10) representatives are being added or removed, an additional Change Request Form may be submitted.

Representative Screening

Per Shift4 requirements, the following background check must be conducted on each representative before submission. This is required by Shift4, not by Equip.

By signing below, the Sub-ISO certifies that for each representative listed, a background check completed within the past twelve (12) months verified the representative's identity and found no:

☐ Felony conviction

☐ Discharge from previous employment for cause

☐ Other indication of moral turpitude that would make them unacceptable as a representative selling Shift4 products and services

If the check identified any of the above, do not certify — contact your Equip Relationship Manager before submitting.

Shift4 requires this check both at the time of hiring and during the representative's engagement. The Sub-ISO will notify Equip promptly if it becomes aware that any of the above applies to an active representative, will retain the screening documentation, and will provide it to Equip on request.

Equip may request supporting documentation for review. Submission of screening information does not guarantee approval.

Acknowledgment

By signing this request, the Sub-ISO acknowledges and agrees that the information provided in this request is true and accurate to the best of the Sub-ISO's knowledge, and that the Sub-ISO is responsible for maintaining all required background screening and compliance documentation.

Signatures

Submission of this form does not constitute approval. Approval becomes effective only upon signature by an authorized Equip representative below, as of the Effective Approval Date. Equip will return a fully executed copy to the Sub-ISO. The Official Authorized Representative Roster maintained by Equip governs.

SUB-ISO AUTHORIZED SIGNER

Name: _____ Title: _____

Signature: _____ Date: _____

EQUIP RELATIONSHIP MANAGER

Name: _____ Title: _____

Signature: _____ Date: _____

EQUIP APPROVAL — DIRECTOR OF OPERATIONS

Name: _____ Title: _____

Signature: _____ Date: _____

Effective Approval Date: _____