



SCHEDULE A

ISO COMPENSATION SCHEDULE

C4B LLC. and _____ ("ISO") shall be compensated in several forms; a one-time lump sum based on the initial funded amount ("Initial Commission"), and ("Renewal Commission") for those Clients it refers to C4B LLC ("Company"). ISO will receive a **7%** on funded Amount.

Example commission rates are set forth below:

Amount Funded	Factor Rate	ISO's Commissions Earned
100,000	1.39 – 1.45	7% = \$7,000.00

In the event that Company or ISO sells a program at a lower Factor Rate than the standard program or has to use a different partner than their normal partner that may affect the commissions earned above, the ISO will be notified of the adjustment ahead of time and be given the opportunity to decline the new commission or accept it on a per deal, case by case basis. If not notified, the commissions will be paid on same week Friday after the deal was funded as shown above. Initial Commission and Residual fees may be decreased to compensate for the reduction of the normal factor rate as shown above and in return will decrease commissions and therefore ISO will be notified as well, ahead of time to be given an opportunity to decline the new commission or accept it on a case by case basis. Please note, that should the deal defaults in the first 60 Days after being funded, commission will claw back (Returned Back/Recovered) to Company from future funded deals.



Notwithstanding anything in this Agreement to the contrary, Company shall have the right, at any time and from time to time, to change the compensations and products currently set forth on the Schedule A. Any such change by Company shall be effective immediately on all future business after written notification.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

ISO: _____

By: _____

Title: _____ Date: _____

Company : **C4B LLC**

By: _____

Title: _____ Date: _____



ISO/AgentACHAuthorizationForm

ISO / Agent Information

ISO Name: _____

ISO Number (if known): _____

Type of Authorization (check one):

New ACH Enrollment

Change

Terminate ACH Authorization

Bank Information

I authorize C4B, LLC. to initiate ACH debits and credits against the account listed below, in accordance with the terms stated in the Agent Agreement. This authorization will remain in effect until NW has received written notification from me to terminate said authorization.

Bank Name: _____ Bank Phone: _____

Account No.: _____ ABA/Routing No.: _____

Type of Account: _____ Date: _____

Authorized Signature: X _____



Place Voided Check Here

Completed forms should be submitted by fax or email:

Fax: (877-283-2679)

Email: approvals@c4bfunding.com

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NON-EMPLOYEE WRITTEN CONTRACT 2017

I agree that I am an Independent Contractor and not an employee and that I do not wish to be treated as an employee for Federal Tax purposes and that I am responsible for paying my estimated federal income and self-employment taxes and workmen's compensation insurance.

X _____
Independent Contractor Signature

Print Name: _____

Date: _____

Address: _____

Social Security Number: _____



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