

MERCHANT SERVICES APPLICATION

INTERNAL USE ONLY

| | | |
|---------------|--------------|-------|
| Agent Office: | Lead Source: | Date: |
|---------------|--------------|-------|

MERCHANT INFORMATION

| | | | | | |
|--|-----------------|-------------|---|----------------------|-------------|
| Corporate Name: test tcb xxx yy | | | Merchant Name (DBA): test tcb xxx yy | | |
| Corporate Address: abc | | | Address: abc | | |
| City: us | | | City: us | | |
| State: AK | ZIP Code: 11111 | Country: US | State: AK | ZIP Code: 11111 | Country: US |
| Website: 0 | | | Billing Descriptor and Phone: test and (222) 222-2222 | | |
| MCC (Business Type): 0742 | | | Product or Service Sold: tcb | | |
| Business Type: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other | | | Incorporation Date: 01/01/2020 | | |
| List All Marketing URLs: 0 | | | | | |
| Authorized Contact Full Name: test | | | | Title: Administrator | |
| Phone Number: (222) 222-2222 | | | Email: tanima_111@yahoo.co.in | | |

PROCESSING HISTORY

| | | |
|--|--------------------------|--|
| Has the company, any related company or any of the principals listed on application: Been sanctioned, listed on the CTMF or fined by a card scheme or acquirer? Ever defaulted on a debt or obligation to an Acquirer or Processor? Ever been terminated by an Acquirer or Processor? Ever been involved in a bankruptcy proceeding? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes to any above, please explain: | | |
| Previous Processor: | | Reason for leaving: |
| Merchant Type, select all that apply: <input checked="" type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> Virtual Terminal <input type="checkbox"/> eCommerce | | Processing Volume (must total 100%): _60_ Swipe (%) _40_ Keyed/MOTO (%) _0_ Virtual Terminal (%) _0_ eCommerce (%) |
| Projected Monthly Volume (\$): 100 | Average Ticket (\$): 20 | Maximum Single Ticket (\$): 300 |
| American Express Volume (\$): 10 | Average Ticket (\$): 500 | Maximum Single Ticket (\$): 60 |

PRINCIPAL INFORMATION

| | | | | | |
|--|--|---|--|------------------------------|-----------------|
| Last Name: uuuuu | | First Name: vvv | | | |
| Ownership (%): 100 | | Title: Owner | | | |
| Residence Address: aa | | City: ad | | State: AK | ZIP Code: 11111 |
| Date of Birth (MM/DD/YYYY): 01/01/2000 | | Residence Phone: (222) 222-2222 | | Social Security: 222-22-2222 | |
| Email: tanima_111@yahoo.co.in | | Type of Identification: Birth Certificate | | Identification Number: | |
| Issuance Date: | | Expiration Date: | | | |

| | | | | | |
|-----------------------------|--|-------------------------|--|------------------------|-----------|
| Last Name: | | First Name: | | | |
| Ownership (%): | | Title: | | | |
| Residence Address: | | City: | | State: | ZIP Code: |
| Date of Birth (MM/DD/YYYY): | | Residence Phone: | | Social Security: | |
| Email: | | Type of Identification: | | Identification Number: | |
| Issuance Date: | | Expiration Date: | | | |

MERCHANT SERVICES APPLICATION

SCHEDULE A

| | | | | | | | |
|----------------------------------|------------------------|--------------------|--------------------|---|--|--|--|
| FEES: | | | | SERVICE: <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH/Check21 | | | |
| Cost Plus: 0 % | Tiered, Qualified: 0 % | Mid-Qualified: 0 % | Non-Qualified: 0 % | Global Rate: 0 % | | | |
| Retail: 0 % | MOTO: 0 % | eCommerce: 0 % | Recurring: 0 % | Free Trial: 0 % | | | |
| VbV / MCSC: (Payer Auth.) 0 % | Cash Discount: 0 % | Other: 0 % | Other: 0 % | Other: 0 % | | | |

| | | | |
|--------------------------|----------------------|-------------------------|----------------------|
| TRANSACTION FEES: | | | |
| Authorization Fee: % | AVS (per inquiry): % | Access Fee: % | Rolling Reserve: 0 % |
| Voice Auth. Fee: % | Batch Closure Fee: % | Batch Settlement Fee: % | Fixed Reserve: 0 % |
| Other: % | Other: % | Other: % | \$ 0 |

| | | | |
|-----------------------------|--------------------|------------------------|--|
| ADMINISTRATIVE FEES: | | | |
| Chargeback Fee: % | Closure Fee: % | Bank Account Change: % | |
| Retrieval Request Fee: % | PCI Service Fee: % | Other: 0 % | |

| | | | |
|---------------------------------|---------------------------------------|------------------------|--|
| MONTHLY FEES: | | | |
| Monthly Minimum Fee: % | Merchant Statement Fee: % | Monthly Account Fee: % | |
| Monthly Customer Service Fee: % | Non-Receipt of PCI Data Validation: % | Other: 0 % | |

SETTLEMENT ACCOUNT (VOIDED CHECK OR BANK LETTER REQUIRED)

| | | | |
|---|-----------------------------------|--|--|
| Split Banking: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Banking Matches: <input type="checkbox"/> Legal <input checked="" type="checkbox"/> DBA | |
| OPERATING ACCOUNT | Full Account Number or IBAN: 1230 | Full Routing Number or SWIFT: 123456 | |
| TRUST ACCOUNT, if applicable | Full Account Number or IBAN: | Full Routing Number or SWIFT: | |

PERSONAL GUARANTY

By agreeing below, each individual or entity ("Guarantor") jointly and severally (if there is more than one Guarantor) and unconditionally guarantees to TCB the prompt payment and full and complete performance of all obligations of the Merchant identified above under the Merchant Agreement, as amended from time to time, including, without limitation, all promises and covenants of the Merchant, and all amounts payable by the Merchant under the Merchant Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorney's fees and court costs. This means, among other things, that TCB PAY LTD can demand performance or payment from any Guarantor if the Merchant fails to perform any obligation or pay what the Merchant owes under the Merchant Agreement. Each Guarantor agrees that his or her liability under this guaranty will not be limited or canceled because: (1) the Merchant Agreement cannot be enforced against the Merchant for any reason, including, without limitation, bankruptcy proceedings; (2) TCB PAY LTD agrees to changes or modifications to the Merchant Agreement, with or without notice to Guarantor; (3) TCB PAY LTD releases any other Guarantor or the Merchant from any obligation under the Merchant Agreement; (4) any law, regulation, or order of any public authority affects the rights of either TCB PAY LTD, Merchant under the Merchant Agreement; and/or (5) anything else happens that may affect the rights of either TCB PAY LTD against the Merchant or any other Guarantor. Each Guarantor further agrees that: (a) TCB PAY LTD may delay enforcing any of its rights under this guaranty without losing such rights and hereby waives any applicable Statute of Limitations; (b) TCB PAY LTD can demand payment from such Guarantor without first seeking payment from the Merchant or any other Guarantor or from any security held by TCB PAY LTD; and (c) such Guarantor will pay all court costs, attorney's fees, and collection costs incurred by TCB PAY LTD in connection with the enforcement of the Merchant Agreement or this Guaranty, whether or not there is a lawsuit, and such additional fees and costs as may be directed by a court. If the Merchant is a corporation or limited liability company, this Guaranty must be executed by a principal or affiliate of Merchant. Guarantor agrees and acknowledges having read the Merchant Agreement found at <http://tcbpay.com/TCB-0319.pdf>.

☒ I agree to the terms outlined above.

Principal #1 (Print Name): test Date: 2020-07-24 Principal #2 (Print Name): Date: 0000-00-00

DISCLOSURES

Each person signing below (1) agrees that they have received a copy of the Merchant Services Agreement that can be found at <http://tcbpay.com/TCB-0319.pdf>, (2) agrees to all such terms and conditions, (3) agrees that all information provided on this application is true, correct and complete, (4) agrees that they have the legal power and authority to execute this agreement, (5) authorizes TCB PAY LTD and our Acquiring banks to investigate, either through its own agents or through credit bureaus, all information provided on this agreement and on the individual(s) signing this agreement, (6) agrees that TCB PAY LTD and our Acquiring banks may give information to others, including creditors and credit reporting agencies concerning the TCB PAY LTD and our Acquiring banks experience with merchant and that TCB PAY LTD and our Acquiring Bank may request additional information as needed.

☒ I agree to the terms outlined above.

Principal #1 (Print Name): test Date: 2020-07-24 Principal #2 (Print Name): Date: 0000-00-00

SIGNATURES

Principal #1: vvv uuuuu Date: 24-07-2020 Principal #2: Date:

MERCHANT SERVICES APPLICATION

MOTO/ECOMM QUESTIONNAIRE

| | | | |
|---|-----------------|---|--|
| DESCRIBE THE PRODUCT/SERVICE BEING SOLD | | | |
| Are you PCI DSS compliant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Do you store credit card numbers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| SITE INSPECTION | | | |
| # of Employees: | # of Locations: | Business Located in: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area | |
| Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential | | Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None | |
| DO YOU HAVE A RETURN POLICY FOR CREDIT CARD SALES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If Yes: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> VI/MC/DISC/AMEX Credit | |
| If Visa/MC/Discover/American Express Credit, within how many days do you submit the credit transactions? <input type="checkbox"/> 0 to 3 <input type="checkbox"/> 4 to 7 <input type="checkbox"/> 8 to 14 <input type="checkbox"/> Over 14 | | | |
| Product Delivery: 0 to 7 days <u>20</u> % 8 to 14 days _____ % 15 to 30 days _____ % 30+days _____ % | | | |
| IS THE BUSINESS: | | | |
| A publicly traded company? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| A subsidiary of a publicly traded company? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federally insured? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| A Government entity? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Subject of law enforcement or government investigation? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| METHOD OF MARKETING: <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Direct Mail/Brochure/Catalog <input type="checkbox"/> Outbound Telemarketing | | | |
| WHO PROCESSES THE ORDER? <input type="checkbox"/> Merchant <input type="checkbox"/> Employee <input type="checkbox"/> Cardholder <input type="checkbox"/> Fulfillment Center <input type="checkbox"/> Other: _____ | | | |
| WHO ENTERS THE CREDIT CARD INTO THE SYSTEM? <input type="checkbox"/> Merchant <input type="checkbox"/> Employee <input type="checkbox"/> Cardholder <input type="checkbox"/> Fulfillment Center <input type="checkbox"/> Other: _____ | | | |
| IF ORDERS ARE ENTERED OVER THE INTERNET IS YOUR SALES CAPTURE PROCESS SECURED BY SSL OR BETTER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| WHERE DO YOU SELL YOUR PRODUCT/SERVICE? US _____ % Europe _____ % Latin America _____ % Asia _____ % Other _____ % | | | |
| DO YOU DELIVER DIGITAL CONTENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, please list all URLs, login information and a full description below: | | | |
| | | | |
| DO YOU DELIVER A PHYSICAL PRODUCT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Who ships your products? | |
| DO YOU OWN YOUR OWN INVENTORY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, is it located at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DO YOU USE 3RD PARTIES IN THE SALES/FULFILLMENT PROCESS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list all 3 rd parties and description of their services below: | | | |
| | | | |
| WHAT SHIPPING METHOD IS USED? <input type="checkbox"/> US Mail <input checked="" type="checkbox"/> Other | | Is a delivery receipt requested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| HOW LONG FROM AUTHORIZATION/CHARGE DOES IT TAKE FOR PRODUCT TO BE SHIPPED? | | | |
| DOES YOUR BUSINESS REQUIRE SPECIAL LICENSING?? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, what type? | |
| | | | |