



CONFIDENTIAL

ORDER FORM #1**Advanced Vault**

Spreedly, Inc.
300 Morris Street
Suite 400
Durham, NC 27701

To: Saviz Sepah
Customer Legal Name: Maximus Health, Inc.

Order Form Issued: 10/30/2023

Tax ID: 36-4875783
Billing Address: 2219 Main St Unit #347, Santa Monica, CA 90405
Sales Rep: Drew Assinesi

This Order Form is entered into between the entity identified above as "Customer" and Spreedly, Inc. (each a "Party" and collectively, the "Parties") as of the last day it is signed (the "Order Form Effective Date") and is subject to the Agreement (defined below) which is hereby incorporated by reference. For purposes of this Order Form, "Agreement" means the enterprise services agreement (an "ESA") currently in force between the Parties, or, in the absence of an ESA, the Spreedly Terms of Service located at <https://www.spreedly.com/terms-of-service>.

In the event of any conflict between the terms of the Agreement and this Order Form, this Order Form will govern. Capitalized terms used but not defined in this Order Form have the meanings set forth in the Agreement or in the applicable documentation.

1) Advanced Vault. Spreedly's Advanced Vault service will be charged the greater of (i) the rate corresponding to the number of enrolled payment methods in each month of service as set out in the table below or (ii) the minimum committed fee of \$500 per month. Costs are exclusive of fees imposed by the card associations and/or third-party service providers (e.g. card updates, tokenization, etc.) which will be passed through to Customer and are subject to change at any time. For the avoidance of doubt, Customer will still be charged the third party fee each time a payment card is updated. Spreedly will make reasonable efforts to notify Customers in advance of changes in third party fees.

Table 1		
Tier	# of Payment Methods	Monthly Fee Per Method
1	0 – 149,999	\$0.025
2	150,000 – 1,499,99	\$0.02250
3	1,500,000 +	\$0.02

By using Advanced Vault, Customer agrees that any updates to payment card information may be used by Spreedly to improve or provide payment services on its Platform. Customer authorizes Spreedly to act on Customer's behalf to (i) request and retain a Token Requestor ID from applicable card issuers, and (ii) use the Token Requestor ID to provision network tokens where available.

Customer will pay \$500 upon receipt of the invoice and billed via the payment method on file. Thereafter, Customer will be invoiced monthly at the rate for the number of payment methods enrolled in the prior month as described herein or the minimum committed fee of \$500. Each subsequent monthly payment will be paid on receipt of invoice via the payment method on file. All payments are subject to the terms prescribed in the Agreement.



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Customer may elect to pay all amounts due under this Agreement by one of the following methods:

(a) ACH payment or wire transfer to the following account:

Receiver: Webster Bank
ABA/Routing #: 211170101
SWIFT Code: WENAUS31
Beneficiary: 0024760830
Spreedly, Inc.
300 Morris Street, Suite 400
Durham, NC 27701
USA

(b) check delivered to the address specified in the relevant invoice;

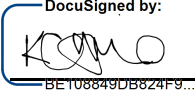
(c) credit card on file.

If paying by credit card, Customer authorizes Spreedly to periodically charge the credit card on file with Spreedly for the service fees stated in this Order Form. Customer will be subject to any additional terms presented by the third party payment processor and Customer is responsible for keeping such credit card information up to date.

If Customer fails to make any payment when due then, in addition to all other remedies that may be available to Spreedly in the Agreement, Spreedly may charge interest on the past due amount at the rate of 1.5% per month calculated daily and compounded monthly or, if lower, the highest rate permitted under applicable law.

The Parties have executed this Order Form by their duly authorized representatives in one or more counterparts, each of which will be deemed an original.

Spreedly, Inc.


By:  BE108849DB824F9...

Name: Nellie Vail

Title: CFO

Date: 10/30/2023

Maximus Health, Inc.

By: 

Name: Cameron Sepah





Title: CEO

Date: 10 / 27 / 2023



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