APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: BVALLE	<u> </u>	ssoc #: <u>01</u>	3403	}		
Sales Rep Name: Fru Chife	<u>1</u> s	Sales Rep Co	ode: <u>B\</u>	BVLY- Branch # (if applicable)		
				.C, or one of its affiliates, located at 12202 Airport Way, Suite 100,		
Broomfield, CO 80021 and can i	De contacted at (800) 654-9256. Addition	nai informat	tion can	n be found on the TSYS website, www.TSYS.com.		
1. BUSINESS INFORMATION						
Legal Business Name (25 charac	ters max)	l	Business Name (23 characters max)			
Mankas Kitchen Legal Address				nkas Kitchen Address (Physical location, no PO Boxes)		
1945 webb gin house ro	pad			5 webb gin house road		
City	State ZIP		City	State ZIP		
SNELLVILLE	GA 3007	8	SNE	ELLVILLE GA 30078		
Legal Phone Number	Legal FAX Number			Phone Number DBA FAX Number		
(404) 934-2269	Litabar @		(404)	4) 934-2269		
Email address for Notices: manka (See "Notices" in the Merchant Card Pro	akitcnen@gmaii.com ocessing Agreement included with this application	n for additiona	l information	ution relating to email address usage.)		
Customer Service Phone Number						
Website address:			Lengt	gth Owned?_0 Years 3 Months		
Preferred Address for:	DDA Address					
Statements? Legal Address Chargebacks? Legal Address	DBA Address DBA Address FAX					
Email Address						
Contact Name: Chantal Morfa		CEO		Phone: (404) 934-2269		
Any prior bankruptcies? Busine	ess: Yes No If yes, filing date?		Person	onal: Yes No If yes, filing date?		
Business type: Retail I Business to	Retail with tips Restaurant MOTC Business %)%	- Ir	Internet% Lodging Supermarket Utility Pharmacy		
	le Description of Products or Services Sol	d).	MCC /	/ SIC 5811		
Provide separate pages if needed	Snacks and nuts	,				
2. W-9 INFORMATION						
Taxpayer Identification Number: (• /		1	less Name: (as shown on your income tax return up to 40 characters)		
EIN Social Security Number Address for IRS/Compliance notice	er ITIN es: (if different than Legal Address given a	above)		Isent to paperless delivery of IRS notices, please review and check the box below		
1945 webb gin house rd	50. (ao.o a 25ga. / 10a. 655 g. 16. 1	2000)	Ву	By checking this box, you acknowledge that you have read and agree to		
City SNELLVILLE	State GA Zip 300	178	<u>W</u>	Consent to Paperless Delivery of Tax Related Documents located at <u>WWW.TSYS.COM/DOCUMENTS</u> and included with this application and that		
-				you consent to receiving IRS notices via paperless delivery.		
				dress. If different from the email address already provided above, please indicate sent to receive IRS/Compliance notices by paperless delivery, to have		
IRS/Compliance notices sent elec	tronically, please indicate the email addre					
(Email address required) mank						
Type of Ownership:			. , , ,	3) Tax-exempt: Yes No		
Sole Proprietorship Political Organization	LLC Partnersl Public Corporation	•	ite Corpo	Partnership Government Entity Trust Professional Association poration Non Profit Corporation Financial Institution		
3. BENEFICIAL OWNER AN	<u> </u>					
		ctly, through	any conf	ntract, arrangement, understanding, relationship or otherwise, owns 25% or more		
of the equity interests of the legal e	ntity or sole proprietorship for which the a	ccount is be	ing open	ned.		
	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number,		Percent			
Name of Owner	Passport Number and Country of Issuance,	of Birth	Owned (%)	Residential Address, City, State, Zip Phone Number		
Chartel Marfaur CEO	or other similar identification number ¹ 383-97-8326 U.S. Person					
Chantal Morfaw - CEO	Non-U.S. Person	7/6/1979	100 %	1945 webb gin house rd , SNELLVILLE, GA 30078 (404) 934-226		
B. The following information for <u>one</u> individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section A above may also be listed in this section B.)						
Name of Officer/Manager and Title	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number,	Date of	Percent Owned			
Than of Omoon manager and Thie	Passport Number and Country of Issuance, or other similar identification number 1	Birth	(%)	Number		
Chantal Morfaw - CEO	383-97-8326 U.S. Person Non-U.S. Person	7/6/1979	100 %	1945 webb gin house rd , SNELLVILLE, GA 30078 (404) 934-226		
	Non-U.S. Person					
Name and Title of person Opening		application	is certify			
of his/her knowledge, the information		nd correct, a	and (ii) th	fying (i) that, to the best that the information Title: CEO		

4. SITE SURVEY / PATRIOT ACT				Merchant's physical inventory consistent with the business signage: Yes No					
Site Survey: Sales Partner Val	On Site visit bone by Sales Representative				Site Consistent with application: Yes No				
Signature of Sales Representative*:		Printed Name: Fru Chif	Printed Name: Fru Chifen Date: 11/27/2020						
By signing above you hereby acknow	ledge that	the information listed herein	is true	and accurate and was person	nally observed on th	e indicated documen	t, as applical	ole.	
PATRIOT ACT REQUIREMENTS -To to obtain, verify and record informatio we will ask for your name, physical ad driver's license or other identifying do Site Survey section by Sales Represe	n that ider ddress, da cuments. (ntifies each person (including te of birth, taxpayer identific Complete Section I and II fo	g busine ation nu	ess entities) who opens an acumber and other information t	ccount. What this mathematic that will allow us to	neans for you: When identify you. We may	you open an / also ask to	account, see your	
Section I: Government Form of Identif	ication	Items Reviewed		Section II: Business F	orm of Identification	Items Reviewed			
Government Entity Articles of Incor	Third Party Verification De	Government Issued	d Business License	Business License Business Name					
				Tax Return		Date and Place of Issuance: 9/8/2020 / Atlanta			
Government Entity Tax Determinat	ion Letter					IS/IRS Employer			
				Entity Articles	Entity Articles		10.		
Government Entity Third Party Veri	Government Entity Third Party Verification			Business Financial	Statement	Expiration Date:			
5. CARD PROCESSING INFOR	MATION								
Have you ever accepted credit card				e Processor's name?					
Please provide the most recent 3 mon Number of locations? 1		· · · · · ·		unt, please provide existing N	As a share to ID#				
identification number, same authorizalong with the Primary location, will and included with this Application. If be required to submit a separate Ap Do you bill your customers prior to If Yes, how many days? O-2 day What is your Return and Refund Po	be subject the addition plication for goods be /s 3-	to and governed by the terminal locations are not under or Merchant Card Processing ing shipped? Yes N 30 days 31-60 days	ns and o common g per loo	conditions of this Application a n ownership or have varying t	and the Merchant C	ard Processing Agree	ement refere	nced in	
How do you advertise? (check all the Other, please explain:			arketing	g Catalog Word of mo	outh Publication	ns Mass/Direct ma	ail Intern	et	
Please supply copies of advertising, includin			aminta lia	t the LIDI (verse V come not come	ata) an aaab naaa				
Where applicable, provide video (TV), audio Card Types Requested? Select all t				edit and PIN Based Debit Card		d Debit Cards Only *	•		
*Merchant has the right not to acce	pt all card	types. **Point Of Sale pro	gramm	ing cannot prohibit the acc	eptance of credit	cards; therefore, It is	the merch	ant's	
responsibility to enforce this. Proce Credit Card Processing Methods	essor, and	not Merchant Bank, Will S		Do you use a third party fulfill		Average	Total Cr	edit/Debi	
Card Swiped Transactions Manually Keyed (Card Present with In Manually Keyed (Card Not Present ar eCommerce (Card Not Present)		Order/Telephone Order)	5_%	Yes No If yes, provide name and add		Credit/Debit Transaction (Ticket) Amount:	Monthly		
Business to Business	To		0_ % 0_ %			\$140.00	\$20,00	0.00	
Does annual American Express vol				ould Merchant like to receiv					
*By checking 'No' the merchant opts out of re Express updates its records to reflect your c Express.									
Seasonal Business? Yes No If	yes, indica	ate by "X" the months that ar	e ACTI\	√E: Jan Feb Mar A	pr May Jun	Jul Aug Sep	Oct Nov	Dec	
List the names of each of your independent and order-taking services. (Provide separate			store, pr	rocess, or transmit cardholder data	a, including online shop	oping carts, payment gate	eways, hosting	companie	
6. BANKING INFORMATION									
Name and Phone Number of Financial Institution	(S	Routing Number		Bank Account Number vn on the bottom of the Check)	Type of Accounts	Use this acc	count for*:		
** WELLS FARGO BANK (800) 745-2426	- `	061000227	,	251188	checking		TXP ACH settle TXP ACH fees		
f nothing indicated, Financial Institution #1 viitiate or transmit automatic debit and/or crecontemplated under this Agreement. Said autherchant revoking it. You understand that yo her relevant clearing house associations wh	lit entries an hority is grar u will be cor	d/or check entries to the account ited to Merchant Bank's Process isidered the Receiver of all ACH	t identifie sor and th l entries s	d above and in the provided void neir agents. This authority is to rem submitted hereunder, and agree to	NSFER (ACH): The M led check (if applicable nain in effect until Mero comply with all rules	erchant Bank (defined o e) relating to the above a chant Bank or its agents	account (**) for receive writter	all service notice fro	

Bank or Trade Name Account Number Product Sold Phone Number

8. FEE SCHEDULE			All Vice/M			nore Cord Types					
Discount Rate/Per Item	Fee: 1.2	20 % + \$		item	PP/JCB/DI	ners Card Types					
Mid-Qualified:	Non-Qualified:										
0.00 % + \$	0.00 % + \$_										
The following association merchant statements - Cr MC Safety Net, MC Accornominal amount authorize Consistency, Credit Vouc fees, including association batch closing and batch in Minimum Discount: App addition to your TransFre \$500.00 in additional process.	oss border internation to Status Inquiry Seation fee, Visa US acher fee for Visa, Disna Base II and kilobyth aquiries are considerated on Monthly fee, Acessed volume. Invased International Invased International Invased International Invased Invas	onal transaction ervice (ASIS) fecquirer process cover data usage te fees, Visa / Nored "transaction e & captured transaction volumentic Volumentic Volumentic etc.	n assessmen ee, MC trans- ing fee (APF ge, Discover MC / AXP / D ns" and will b ansaction fee me Purchase	ts/program si action proces), Visa Zero F PIF and Ame ISC / PP assi e billed at the es. Qualified	upport, MC sing excel Floor Limit, erican Exp essments, e same rate T&E Surch apply to vo	network access/brane ence, Visa / MC exces Visa misuse of the au ess Access and Syste and \$15 Annual Locat as Visa / MC / AXP / arge of .60% will apply ume processed in exc	d usage (NAE ssive authorization sy em Processing tion Fee for M DISC/PP Tray to T&E mercess of the cuit	BU), MC I ation, Mo stem, Vi g fees. F C may a ns Fees thant tran	Digital Enablemen C transaction com sa FANF, Visa inturther Visa / MC / Iso apply. Batch (unless specified. I ssactions. TransF ing tier at a rate o	at, MC lice pliance fe egrity, Vis AXP / DIS Close Fee Monthly reedom: f \$25.00 p	ense fee, ee, MC aa Data SC / PP a: All In per every
or incorrect name for your Authorization Fee:	, ,	Voice Auth Fe	oo \$ 0.75		ADIIA	uth Fee \$ <u>0.75</u>		Ratch	Close Fee \$ _0.0	n	
All Card Types \$ 0.10 Monthly Service Fee		VOICE AUIII FE	\$	0.00		tion Setup Fee		Daton	\$	0.00)
Chargeback Fee			\$	15.00	Month	/ Minimum			\$_	0.00)
ACH Return Fee Administrative Fee				<u>15.00</u> 35.00	ACH C Annual	hange Fee			\$_	15.00 0.00	_
Merchant Club Fee			\$ \$	0.00		al (Request for Copy)	Fee		\$ \$	0.00	_
Note: Processor and its c								chasing	Cards, Corporate	Cards an	<u>d Fleet</u>
9. ADDITIONAL SERV		MS	Check Servi	ces (CrossChe	eck Applicat	ion Required)	Petro/Fleet	Petro Ad	dendum required)		
	dendum required)		Officer Octal	0030110	ок Арріїсаї	ion required)			press (WEX)		
TransLink Insights Merchant is provided a 60	day free trial period.	Merchant will b	be billed \$29	.99 per locati	on per moi	nth if not cancelled dur	ring the free tr	ial period	d.These products	and service	ces are
provided by Processor and By checking this box, I	not Merchant Bank	. Merchant Ban	nk has no obl	igation or liab	oility for this	s service.	9				
PIN Debit/EBT	F* # 0 0000	IN Deced Debit	Mandala Ta	- (0.00	DIN D-	ad Dabit Application F	r	EDT D	I4 Г Ф		
PIN Based Debit Per Item		IN Based Debit				ed Debit Application F	-ee \$	EBIPE	er Item Fee \$	_	
*Debit Discount Rate: NO											
TransIT/Transaction Exp. TransIT Product: Web		Jentral/Sierra S MultiPASS	<i>Semi Integra</i> THP		I ng Servic TSEP	Vital Select	Vit	al Plus	Vital M	lohile	
					.02.	Thai Coloct			(per item)		
TC TC Plus TC Setu	p Fee \$ (On	ne time per POS	S) TC Month	lv Gatewav F	ee \$	(per POS) TXP Dire				(S)	
	ckage Setup Fee \$ _	•	<u> </u>	<u> </u>		ckage Monthly Fee \$ _	•		Integration Fee S		
QB Payment Terminal Set	up Fee \$	(per TXP ID)			QB Pay	ment Terminal Monthly	y Fee \$	(F	oer TXP ID)		
ACH Discount Rate	% A	CH Trans Fee S	\$		ACH Return Fee \$ Fraud Check Fee \$						
Wireless and Other Servi			¥		7.0					_	
Petro/Fleet (per Terminal) Setup Fee: \$ Monthly Fee: \$	SmartLink (p	oer Modem)Setu : \$	Se Bread	nthly miannually h Coverage I	Fee	Section 11.2(d) Fee the Merchant Card Agreement) does n checked	Processing	*PCI Fe ongoing validate fee will	larterly Program F ee will be reduced g support once co ed; NOTE - an add be charged for on	to \$ <u>18.8</u> mpliance ditional mo going sup	0 for is onthly oport
								validate	onth where compled. onthly Non Validati		10T
10. EQUIPMENT OPT Industry: Retail		Restaurant	мото (QPS Retail	QPS Re	staurant Lodging	Petro/Flee	et Ca	ash Advance		
Equipment shipped to: DE	BA Legal	Agent O		I/A	QI O INE	Merchant trained by:	Agent	TransFi	rst Other*		
Welcome Kit sent by: Aç *If 'Other' was selected above	gent TransFirst					Welcome Kit shipped to:	DBA	Legal	Agent (Other*	N/A
*Name:	, ,					*Address:					
*City:		*State:				*Zip:		FEATL	IRES		
Item Description	Model Number	Version or Serial #	QTY Code	Price	Bill To	PIN Based Debit	Yes	No	Dial Prefix		
						EBT Services	Cash Benefi	s Only	Food Stamps*	Both*	
						*EBT FNS/FCS# (7 d	ligits):		Multi-Merchant Number of Child A	Yes ccts:	No
					<u> </u>	AVS	Yes	No	Invoice	Yes	No
						Corp/Purch Card	Yes	No	eCommerce	Yes	No
						Verification Code Partial Auth	Yes Yes	No No	Quick Pymnt Srv Shared Line	Yes Yes	No No
						Auto Close	Yes	No	Auto Close Time	res	INU
						Connection Method	Dial	IP/S	SL Wireless	-	
				-		Store & Forward EMV Capabilities	Yes Cont	No	Memory Size NFC/Contactless	512K	1Meg
						Tip at Time of Sale	Yes	No	Tip Calculator	Yes	No
Merchant Email Address (Req		. the e	sian li-t- 1			·	- # ws! ! =	::: T- ^		T.	Clumb Attra
**Shipping, handling and tax w	iii de dillea in addition to	o the equipment p	nice listed abo	/e. IT merchan	τowned W	ar terminai, SIM # & Seri	ıaı# required. E	nii io Opt	ions: werchant, Ag	ent, i ransf	irst, N/A.

**Shipping, handling and tax will be billed in addition to the equipment price listed above. If merchant owned WAY terminal, SIM # & Serial# required. Bill To Options: Merchant, Agent, Transfirst, N/A. Codes: FUA = Free Use Addendum (Submit FUA addendum with this Application), MO=Merchant Owned, PN=Purchase New, PO=Purchased Via Other Source, PRF=Purchased Refurbished, LSE=Lease, IFLS=FD Leasing, EE=Encryption Exchange, "*RTL=TransFirst Rental Program or **STR=Short, Term Rental, Any free use equipment provided by TransFirst is, as between Merchant and TransFirst, the Field of the terms and conditions regarding such free use and Merchant agrees that it has read and agreement located at www.tsys.com/DOCUMENTS and included with this application.

Product: TransIT	Sierra Semi Integ	rated Transaction Express Transa		Transaction	on Central TC Plus (CC & ACH - A			CH Addendum required)		
TransIT Product:	WebPASS	MultiPASS	THE	,	TSEP	Vital Selec	t	Vital Plus	Vital Mobile	
TXP Input Types: Virtua	al Web Service	es Bato	ch	Post	Hosted	Industry: F	Retail	МОТО	eCommerce	
***Integrated Product Name:										
***Integrated Website Addres	SS:		***Welcome Email Address: mankakitchen@gmail.com							
	TRANSIT	TRANSIT FEATURES					SEMI INT F	EATURES	TXP PROCESSING OPTIONS*	
Auto Batch Close Time:		Forced Re-Cred	dit		Y	Tokenization:	Default	Custom	Batch Close Method	M/A
Location Type:		CNP Batch	CNP Batch Y		Υ	Custom Tokeni	ization MID:		Direct Swipe	Υ
Headquarter MID:		Enhanced Data	(Level II & I	II)	Υ				Partial Auth	Υ
Tokenization: Default	Custom	PIN Debit		Υ				Batch Response File	Υ	
Custom Tokenization MID:		Mandatory Sec	Mandatory Security Code		Υ	1			File Split	Y
EnsureBill: InFlight	Standard	Apple Pay	Apple Pay		Υ	1			Private Label	Y
Partial Auth	Y	Samsung Pay	Samsung Pay		Υ	1			PIN Based Debit	Y
Forced Authorization	Υ	Device Type:	Android		iPhone	TC FEATURES*			TC EXTENDED FEAT	URES*
Item Description	Config	/ Color	QTY Code	Price	Bill To	Batch Close Me	ethod A	M M/A	Corp/Purch Cards	Υ
						Recurring Meth	nod A	M	Duplicate Card Accept	Υ
						Multi-User		Υ	ECI (req'd for Internet)	Υ
						Batch Uploade	d	Υ	AVS	Υ
						Allow Blind Cre	edits	Υ	Private Label	Υ
						Group ID:			PL Name:	•
						PIN Based Deb	oit	Υ		
Special Instructions:							activated. If bo	th ECI and Recurring	d off. If Manual Recurring is selected, ng needs to be setup under 1 MID, 2 T	

^{**}Shipping, handling and tax will be billed in addition to the equipment price listed above. Bill To Options: Merchant, Agent, Transfirst, N/A.

Codes: FUA = Free Use Addendum (Submit FUA addendum with this Application), MO=Merchant Owned, PN=Purchase New, PO=Purchased Via Other Source, PRF=Purchased Refurbished, LSE=Lease, FLS=FD Leasing, EE=Encryption Exchange, **RTL=TransFirst Rental Program or **STR=Short Term Rental. Any free use equipment provided by TransFirst is, as between Merchant and TransFirst, the property of TransFirst and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.TSYS.com/DOCUMENTS and included with this application.

PLEASE CAREFULLY REVIEW THE MERCHANT CARD PROCESSING OPERATING GUIDE (the "OPERATING GUIDE") AND THE TERMS AND CONDITIONS OF VERSION v21.1020 OF THE MERCHANT CARD PROCESSING AGREEMENT (the "MPA") AVAILABLE AT <u>WWW.TSYS.COM/DOCUMENTS</u>, EACH OF WHICH IS HEREBY INCORPORATED BY REFERENCE. IF APPLICABLE, PLEASE ALSO CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 6,0419 OF THE CARD NOT PRESENT ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT AVAILABLE AT <u>WWW.TSYS.COM/DOCUMENTS</u>, WHICH IS HEREBY INCORPORATED BY REFERENCE.

Agreement Signature: As the person signing below on behalf of the business designated on the above application as the Merchant, I certify that I am an owner, partner or officer of the Merchant and have been duly authorized to sign this application and to bind the Merchant to the MPA and the Operating Guide. Merchant and each Guarantor signing below hereby acknowledge that they have read this application and the MPA and agree to be bound by the terms and conditions contained in those documents. Merchant (and Guarantor when applicable) by signing below agrees to comply with the Operating Guide. Merchant certifies that all information provided in this application is true, correct and complete. Merchant (and Guarantor when applicable) authorizes the Merchant Bank and Processor or their respective agents to make whatever inquiries the Merchant Bank or Processor deems appropriate to investigate and verify any of the credit, financial and other information given by Merchant for the purpose of this application, including credit references and to obtain credit reports on each person signing below. Credit or other information on Merchant, owners, officers and any guarantors of the Merchant may be requested for purposes of this application and during the merchant processing relationship pursuant to the MPA.

If 'RTL' or 'STR' is indicated in Section 10, then by signing below, and upon receiving delivery of the rental equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of either the POS Portal Rental Agreement or the Equipment Terms set forth in Section 24 of the Merchant Card Processing Agreement (as applicable). If renting equipment from POS Portal, Inc. ("POS Portal"). Merchant authorizes POS Portal to verify the application information and receive and exchange information about Merchant, including requesting reports from consumer reporting agencies. If 'FLS' is indicated, then by signing below and upon receipt of the First Data Global Leasing (FDGL) equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of the Equipment Lease Agreement.

Processor will settle your American Express®, PayPal In-Store Checkout and Discover® transactions and (a) Merchant will receive one consolidated statement from Processor that will reflect Merchant's Visa, MasterCard, American Express, PayPal In-Store Checkout and Discover transactions; (b) Merchant's American Express, PayPal In-Store Checkout and Discover settlement; and (c) Merchant will not have a direct relationship with American Express, PayPal or Discover and the terms set forth in the MPA for American Express, PayPal In-Store and Discover transactions will apply. By signing below, Merchant agrees to be bound by the PayPal Operating Regulations for In-Store Checkout and the American Express merchant requirements contained in the Operating Guide. Merchant consents to the disclosure of transaction data, merchant data and other information about the Merchant to American Express and to the use by American Express of such information to perform its responsibilities in connection with the provision of its services, to promote the American Express Network, perform analytics and create reports, and for any other lawful business purposes including marketing purposes. Merchant agrees American Express may use any information in this application to screen and/or monitor Merchant in connection with American Express card marketing and administrative purposes.

If the TransFreedom Program is selected above, then by signing Merchant acknowledges, accepts and agrees that pricing is based upon processed volume and average ticket size and that this pricing may be subject to Automatic Volume Purchase billing, in addition to the TransFreedom monthly fee, if Merchant's actual processing volume exceeds its current pricing tier. Merchant accepts and agrees that it is obligated for all monthly pricing based on its processed volume and average ticket size, including any applicable Automatic Volume Purchase billing.

If Check Services is selected above, then CrossCheck acceptance shall be added to this application and by signing below, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement and as set forth by CrossCheck. Merchant acknowledges that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck.

By electing to process ACH transactions and by signing this application, Merchant grants consent and authorization to Processor or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under the Automated Clearing House (ACH) Addendum and ACH Terms and Conditions available at WWW.TSYS.COM/DOCUMENTS, which are incorporated by this reference. By signing below Merchant acknowledges that it has read and agrees to be bound by the ACH Addendum, the ACH Business Practices Operating Guide v1.0620 and the ACH Terms and Conditions v1.0520. By selecting any of the services and products in Section 8-11 above and by signing this application, Merchant agrees to be bound by the applicable terms available at WWW.TSYS.COM/DOCUMENTS, which are hereby incorporated by reference.

Merchant certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

Any unilateral alteration, strikeover or modification to the preprinted text or line entries of the application or MPA shall be of no effect. Merchant acknowledges that the parties may produce and rely upon a copy or electronically stored image of the merchant application and MPA for all legal purposes.

Only Merchants i	n Maryland need	initial the two st	atements below:		
•	If this Agreem	ent is terminat	ed prior to the expi	ration of the	applicable Term,
	Merchant agree	es to pay an ac	count closure fee as t	follows: (1) \$2	50 for Merchants
	with less than	twelve month	s remaining in the c	urrent Term,	or; (2) \$500 for
	Merchants with	more than twel	ve months remaining	in the current	Term. If Merchant
	is located in	Maryland, the a	account closure fee	will only be	assessed if the
	Agreement is t	terminated prior	to the expiration of	the Initial Teri	m. Initials are not
	required if Secti	on 11.2(d) Fee	(as stated in the Merch	ant Card Proce	essing Agreement)
	does not apply.				
	The initial tern	n of this Agree	ment will be for three	e (3) years (th	e "Initial Term").
			II automatically renev		ive one (1) year
		terminated in a	ccordance with its tern	ns.	
12. MERCHANT(s) SIG	NATURE(S)		GUARANTORS(s) SIGNATU	RE(S)	
4)			4)		
Merchant Signature (Own	ner or Officer)	Date	Guarantor Signature		Date
Print Name	Tit	le	Print Name	(No titles)	
2)			2)		
Merchant Signature (Own	ner or Officer)	Date	Guarantor Signature		Date
Print Name	Tit	le	Print Name	(No titles)	

Card Association Disclosure Page

Merchant Services Provider Contact Information

Name:	TSYS Merchant Solutions, LLC
Address:	12202 Airport Way, Ste 100, Broomfield, CO 80021
nuuress.	12202 Allport Way, Ste 100, Broomlield, CO 00021
JRL:	www.TSYS.com
Customer Service #	800-654-9256

Member Bank/Merchant Bank Information

The Bank's mailing address is Wells Fargo Bank, N.A., PO Box 6079, Concord, CA, 94524, and its phone number is (844) 284-6834.

Important Member Bank Responsibilities

- . The Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a Merchant.
- The Bank must be a principal party to the Merchant Card Processing Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information
 may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- · The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Card Association thresholds.
- · Review and understand the terms of the Merchant Card Processing Agreement.
- · Comply with Card Association rules.
- · Retain a signed copy of this Card Association Disclosure Page.

Merchant Resources

- You may download "Visa Regulations" from Visa's website at: https://usa.visa.com/support/small-business/regulations-fees.html#3.
- You may download "MasterCard Rules" from MasterCard's website at: http://www.mastercard.com/us/merchant/support/rules.html
- You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/merchantopquide.

The responsibilities above do not replace the terms of the Merchant Card Processing Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

Merchant Information (* = Required)

*Business Legal Name (Printed):	Mankas Kitchen
*Business Address:	_1945 webb gin house road SNELLVILLE, GA 30078
*Business Phone:	_(404) 934-2269
*Signature of Owner or Officer:	
*Printed Name of Owner or Officer:	Chantal Morfaw
*Title:	CEO
*Date:	_11/27/2020