Merchant Applica	tion				Control #				
1. Business Information								open of	
Type of Business Sole Proprietorship Corporation Partnership Medical or Legal Corpora Association/Estate/Trust Tax Exempt Government Limited Liability Compan	Dei deliv prod brod scre	tailed Business Description very methods and card charging politic po	lici	ies, types of a	idvertising (enclose sample print advertising, catalogs a	s). If nd	Types of Go Services So		Type of Business Retail Storefront Internet Site Business Office Residence Bank Other: Industry/SIC
Other Do you distribute/ship your own	n goods/pro	oducte2 ☐ Yes ☐ No	Т	ype of Ap	polication		# of Locations		
If No, name of fulfillment house	goods/pro	ducto: — —		Singl	e Location		Years at Mair		
Contact Name:			1		ple Locations (Chai		Name of Refe	erral Banl	(
Phone #:			[☐ Addi	tional Chain Location		/MMAVV\	Merchs	ant Legal Business Name
Business Name (DBA)					Date Business Estat	nsnea	(MINITT)	Merche	in Loga Dusinoss Hamo
Business Street Address, Line 1					Business Fed Tax II)			
Business Street Address, Line 2					Business Phone				
Business Street Address City, St					Business Fax				
Mailing Address Name (if differen					Business Email Address (for notices)				
Mailing Address Street Address L		rent from Business Name)			Business Website A	aaress			
Mailing Address Street Address Line 2			Contact Name						
Mailing Address Street Address	City, State, Z	ïp			Contact Phone #				
2. Merchant History				10 10 15					
Ever accepted credit cards be		Yes □ No	L	If Yes, na	ame of processor:				
If Yes, please provide 3 months pr	evious proce	ssor statements.	╀	If Von no	ame of processor:				
Ever had a merchant account	canceled?	⊔ Yes ⊔ No	t		for cancellation:				
Date of cancellation (MMYY): Is your business undergoing a	forensic in	vestigation?	1		or carroonauorn				
	TOT CHOIC III	Vestiguaeri:		WATER					
3. Business Checking Bank Name					Bank Address,	City, S	state, Zip		
Checking Account # 1		Transit Routing # (9 digi	its	5)	Years Open			***PI of Vo	ease Include Copy oided Check***
¹ AUTHORIZATION FOR AUT entries and/or check entries to under this Agreement. Said au	the account thority is g	nt identified above and in ranted to Merchant Bank'	th's	ne <i>provi</i> o Processo	r and their agents.				
4. Owner and/or Office Name of Principal and Title	er Intorn	nation (Processor's pi	ľ	vacy pon	Social Security Num	ber	Amerenance	% Owi	ned DOB if Sole Proprietor
Residential Phone #	F	Principal Since (MMYY)	-		Residential Address	, City,	State, Zip		
Name of Principal and Title					Social Security Number			ned	
Residential Phone #	F	Principal Since (MMYY)			Residential Address	, City,	State, Zip	-	
5 T	otion		J		A STATE OF THE STATE OF		HT LITERY		
5. Transaction Informa	atton		۲			Tota	of following	must a	dd up to 100%
Refund Policy Refund in 30 Days or Less	. □ No B	Refund or Exchange	E	Exchange	Only N/A	Elect	ronic card-sw	ped trai	nsactions %
Do you bill your customers pri	or to goods	being shipped? 🛚 Yes	: [∟ No		Elect	ronic key-ente	ered tran	nsactions (with imprints) %
If Yes, # of days: 0-2 day	/s 🛚 3-30	days 31-60 days		60-90 da	ys 🗌 >90 days				t (without imprints)
☐ Visa & MC	Total month	ly sales for all payment ty	уp	es			htone card pr		
F	rojected V	isa/MC monthly sales							nt (no imprints) 9
		verage Visa/MC ticket							d not present) 9 sent) 9
	Projected hi	ighest Visa/MC ticket				e-C0	mmerce (card	not pre	3CH() 7

Merchant Applica	tion (cont.)			Control #			
5. Transaction Informat							
☐ American Express²	☐ MeS Settle	ment I Ame	v Sett	lement/Existing SE #:			
☐ Discover, Diners, JCB, CUP				Settlement/Existing Disc	cover Merchant #		
Debit ²	I moo court	, 1 L 5100	0.00	ottomono Existing Disc	ovor moronant #.1		
□ EBT²	FCS #:						1,
☐ Check Authorization Service	Name of Provi	der:		Mercha	nt #:	Check #:	
6. Product Selection ²							
☐ POS Terminal		Make		Model	Quantity	Rei	nt/Buy/Own
	Terminals						
	Printers						
	Pinpads						
	Imprinter						
☐ MeS Payment Gateway	URL Addres						
		rtified Shopping Ca	art:				
	Administrato	or Email: sted Payment	Пса	ard Present and/or Mail	Order	10 1 N - 1	D1
☐ MeS Virtual Terminal	Administrati		L Ca	ard Present and/or Mail	Order 🗆 e-Comme	erce/Card Not	Present
I wee viitaa remina	Level 3	☐ Multi-Mercl	hant				
☐ MeS Virtual Terminal Limited	Administrato						
☐ MeS Pay-by-Phone							
☐ Other Solution	Name of oth						
Electronic Commerce Merchants	, please provide the	following regarding	ng any	digital certifications that	at have been issued for	your website.	
Name of the digital certificate iss				Digital certificate num			
Digital certificate expiration date				Ownership Status of	Digital Certificate(s)	Individual	☐ Shared
Phone Training for Merchant?	☐ Yes ☐ No						
7. Dial Terminal Feature	es .						المرائلة المراثل
Access Code # to dial out:	- T			Invoice # Prompt On			
	HR: MIN:			Fraud Control On			
Reset Reference # Daily			_	Password Protect Or	1		
Receipt Header Line 4 Receipt Header Line 5				☐ Tip Option On☐ Clerk Enabled			
Receipt Footer			1		o Check Totals (VFI)	-IR·	MIN:
8. Fee Schedule					o one on rotate (111)		
By signing the Merchant Applicati	on, Merchant under	stands the rates a	nd fee	s stated below corresp	ond to the Visa/MC volu	me and avera	age ticket indicated
on page 1 of the Application.							×
8.1 Rates & Fees							
Visa/MasterCard Acceptance Op	T	usiness Cards		nsumer Debit/Prepaid	Cards D both		
All Plans	Discount Rate		%	Monthly Minimum			
□ Fixed Date 8	Per Item		0/	Non-Qual Per Item	·		
☐ Fixed Rate & Assessments Plan	Rewards Rate Keved Rate			Rewards Per Item Keyed Per Item			
Assessments Flan	Mid-Qual Rate			Mid-Qual Per Item			
	Non-Qual Rate			Non-Qual Per Item			
☐ Pass-Through Plan		nge. Assessments		ciation Fees, Sponsors	ship Fees		
☐ Other Plan	Description:	3-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Discover, Diners, JCB, CUP 2	% Rate:	Per Item:		American	Express ² % Rate:	Per	Item:
8.2 Authorization Fees							
Visa/MC	Discover,	Diners/, JCB, CUI	P 2		American Express	2	
8.3 Other Transaction Fe	ees						
Pin Debit Cards ²				Bill Me Later 2			
MeS Pay-by-Phone Auth & Captu	ıre ²			Verified By Visa ²			
Internet Provider Transaction Fee)			MasterCard Secure C			
EBT ²					fater (\$50 MC Enrollmen	nt) ²	
AVS Transaction Fee				Batch Fee			L
8.4 Miscellaneous Fees					71. U.L. 2		
Account Application (One Time)			-	Web-based Reporting			
New Account Setup (One Time)	.1			PCI Administration Fe PCI Late Validation Fe			
Internet Service Setup (One Time	<i>(</i>)		-	MeS Payment Gatewa			
Internet Provider Fee (Monthly) Chargebacks (Per CB)				MeS Virtual Terminal	N. C.		
Customer Care (Monthly)				MeS Virtual Terminal			
Merchant Statement (Monthly)				Other:			
Administrative Maintenance (Ann	ual) ²			Other:			-

² For products and services marked with a , Merchant Bank does not provide the products and services and has no responsibility or liability for the products and services.

Merchai	nt Application (cont.)		Co	ntrol#				
8. Fee Sche					The party of			
8.5 Equipm								
Type of Equipn	nent	Rent or Pu	rchase	Per Item	Quantity	Total	# Months	\$ per Month
4								
			-					
		+						+
Comments:						0		
						0		
	arty Disclosure			عالبا الالا				التجيبانيونان
	parties who provide services to, or are otherwise ass disclose this information can result in account cance		, Merch	ant and who	have access	to transaction	n informatio	n or Cardholder
	disclose this information can result in account cance		lomo	Γ				
Name Name	Property and the second		Name Name					
	nt & Guarantor Signatures		Valle					
	ature: Each person signing below agrees that they have rea	d and agree t	o the ter	na and condit	ions of the Ma	robent Agreem	ont and the	ddanduma
Bank or Processor the agency that fi agencies, concern Bank or Processor PLEASE CARE ADDENDUM P CAREFULLY F ADDENDUM T HEREBY INCO AGREE TO TH TERMS AND C GAMBLING SE CREDITS OR M Unless otherwise Agreement will a Merchant underst LLC upon approv services, Merchan Merchant underst Processor, if Amm Merchant authori Guaranty: By sig identified above provided in Section incorporated into	eral partner of Merchant or as a Guarantor (if such person or will tell such person, and if Merchant Bank or Processor will tell such person also authorizes the Merchant Bank in the Merchant Bank or Processor experience with Merchant Bank or Processor. EVILLY REVIEW THE TERMS AND CONDITIONS ROVIDED TO YOU WITH THIS APPLICATION, A CEVIEW, IF APPLICABLE, THE TERMS AND CONDITIONS AND CONDITIONS, (ii) YOU AGREE CONDITIONS AND CONDITIONS, (ii) YOU AGREE CONDITIONS AND (iii) YOU CERTIFY THAT MERCENVICES, INCLUDING OFFERING OR FACILITATE OF ANY TYPE THAT MAY BE AND CONDITIONS AND (iii) YOU CERTIFY THAT MAY BE AND CONDITIONS AND (iii) YOU CERTIFY THAT MAY BE CEVICES, INCLUDING OFFERING OR FACILITATE OF ANY TYPE THAT MAY BE AND CONDITIONS AND (iii) YOU CERTIFY THAT MAY BE AND CONDITIONS AND (iii) YOU CERTIFY THAT MAY BE CEVICES, INCLUDING OFFERING OR FACILITATE OF ANY TYPE THAT MAY BE AND CONDITIONS AND (iii) YOU CERTIFY THAT MAY BE CEVICES, INCLUDING OFFERING OR FACILITATE OF ANY TYPE THAT MAY BE CEVICES, INCLUDING OFFERING OR FACILITATE OF ANY TYPE THAT MAY BE CEVICED OF ANY TYPE THAT	r received a renk or Processor rehant. The M Processor rehant. The M Processor rehant. The M Processor rehant represents Inc. ("Inc. and severally, aranty) of each rement, including the processor rehant represents reference ("Inc. and severally, aranty) of each rement, including rehant represents represents reference rehant represents r	eport, Me or to give erchant ERCHA ARE H F THE PROVI ACKNO T ELEC ES NOT NNET G CONDU I above, notified iscover (such insies such insies such insies to Ameri to Ameri to Ameri to Ameri to that the	erchant Bank e information Bank or Proce NT AGREE EREBY INC CARD NOT DED TO YOU DWLEDGE TRONIC NO AND WILL AMBLING S OCT GAMBI by Processor Card Terms at tances, by acc wise notified can Express (information e the full and of Merchant).	or Processor w to others, incl essor may requ MENT AND ORPORATE PRESENT AU WITH TH IHAT YOU H OTIFICATION NOT PROVI SERVICES, CLING. lerstands the T in, if Discover N ind Conditions' repting the Dis by Processor, Card transactic provided on th faithful perfor s duties and ob	will give such puding other cre lest additional i MERCHANT D BY REFER DDENDUM A IS APPLICAT IAVE READ, ON OF ANY CI IDE, OFFER (OR ESTABLIS erms and Cond letwork Card a b') will be sent to core card for ore car	reson the nar ditors and cronformation i RESTRICT ENCE. PLE ND SPECIATION, WHIGH UNDERSTHANGES TOR FACILITY HANGES TOR FACILITY HANGES TO METCHANGES TO METCHANGES TO METCHANGES TO METCHANGES TO METCHANGES SESSED TO METC	ne and address of edit reporting f the Merchant TIONS ASE ALSO AL SERVICES CH ARE DOD AND O THOSE TATE ISI-CASH, Merchant selected above, by DFS Services of goods and/or cited above, en notified by accurate and Merchant and Processor, as
1) Principal Signature		Print Name					Date	
1) Guarantor Signature		Print Name					Date	
2) Principal Signature		Print Name					Date	
2) Guarantor		Print					Date	
Signature		Name					Addition Florid	
	or & Merchant Bank & Referral Bank	Use				أكتاري		
	be completed by referral bank or MeS						4 5 7 7 7	
		iling Addres	ss [Other Add	dress:			
	sted at business match name on application?	☐ Yes ☐] No	Does inve	entory volume	e appear to be	e sufficient?	Yes □ No
	ave appropriate business signage?	☐ Yes ☐] No	Are Store	Hours Poste	ed?		☐ Yes ☐ No
Did you view me	erchant's inventory?	☐ Yes ☐			of Employees	3		
	consistent with merchant's type of business?	☐ Yes ☐		Comme	nts:			
Site inspection	conducted by: Referral Bank Representati	ve Mes	S Repr	esentative		☐ Oti	ner:	

Merc	hant	App	lication	(cont.)
TITCE	HA COLLE	1200	******	()

Control #

MeS Representative Name	MeS Representative Phone	MeS Representative Signature	Date Accepted
Processor: Merchant e-Soluti	ions, Inc. (MeS), 920 N. Argonne, S	Suite 200, Spokane WA •	
MeS Representative Name	MeS Representative Phone	MeS Representative Signature	Date Accepted
	ank B.O. Boy 23010 Columbus GA	31902-3019 (706) 649-4900	
Merchant Bank: Synovus B	ank, P.O. Box 23019, Columbus GA	31302-3013 (700) 043 4300	

Patriot Act Notification

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or business who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and/or other identifying documents. Please complete sections 1, 2, and 3.

				iproto ocotio.	10 1, 2, and c	··	
1. Business Identification							
MINIMUM OF ONE BOX MUST BE CH	HECKED AND COMP	LETED, AND	SUPPO	RTING DOC	UMENTATIO	N MUS	T BE PROVIDED.
☐ Government Issued Business	Identification Number		Date of I	ssuance	Place of Iss	uance	Expiration Date
License							
License	IDC Frank 11 47						
□ Tax Return	I.R.S. Employer Identifi	cation Number	Type of	Taxes Filed	Place of Iss	uance	Date Filed
☐ Corporate Resolution	Place of Issuance				Date Filed		· '
- Sorporate Resolution							
C Articles of Incompany	Place of Issuance				Articles of Ir	corporat	ion File Date
☐ Articles of Incorporation							
	Name of Who Execut	ed Partnership	Agreemen	t.	Place of Issu	iance	Date of Agreement
☐ Partnership Agreement			rigicomor	1	Tiace of issi	Jance	Date of Agreement
	T						
□ Business Financial	Type ☐ Balance Sheet				Place of Issu	lance	Date
Statements	☐ Income Statement						
	☐ Statement of Cash	Flows					
2. Personal Identification							
MINIMUM OF ONE BOX MUST BE CH	ECKED AND COMP	LETED AND	SUPPOR	STING DOCL	IMENTATIO	M MILE	T DE DDOVIDED
THE PERSONAL IDENTIFICATION SH	OULD BE A DRIVER	R'S LICENSE	UNLESS	THERE IS N	IONE	N WIUS	BE PROVIDED.
☐ Driver's License					1011L		
☐ Passport*							
☐ Mexican Consulate ID*							
☐ Military ID*							
☐ Resident Alien ID*							
Number on ID	Place o	of Issuance		Date of E	xpiration	1	Date of Issuance
	\$2500 PELEC NO.						
*If option is selected above, the following	ng credit card informa	ation is require	ed:				
Type of Card							
Type of Card		Name of C	ard Issue	r	L	ast 4 Dig	its of Card Number
3. Signatures						17170	
Merchant DBA Name							
Morobant Cianaturatt							
Merchant Signature**		Printed Name	and Title	of Merchant Si	gner		Date
Processor (or Merchant Bank) Representative	e Signature**	Drinted Name	of Drosses	oor (or Mossis	-4 D10 D		1
2 (or moronalit builty) respresentative	o Olginature	Fillited Ivame	of Proces	sor (or Mercha	int Bank) Rep		Date

^{**} BY SIGNING ABOVE, YOU HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION LISTED HEREIN IS TRUE AND CORRECT AND WAS PERSONALLY OBSERVED ON THE INDICATED DOCUMENTS.

Visa Disclosures

Acquirer Name	Synovus Bank
Acquirer Address	1125 1 st
Phone	706-649-4900
	ank (Acquirer) Responsibilities
 A Visa Member is to. 	nly entity
<u>2.</u>	
2. 3. 4.	

Mer	rchant Information
Mei	rchant Name
Mei	rchant Address
Mei	rchant Phone
Im	portant Merchant Responsibilities
1.	Ensure compliance with cardholder data security and storage requirements.
2.	Maintain fraud and chargebacks below thresholds.
3.	Review and understand the terms of the Merchant Agreement.
4.	Comply with the Visa International Operating Regulations.

The responsibilities listed above do not supercede terms of the Merchant Agre Merchant understands some important obligations of each party and that the V authority should the Merchant have any problems.	ement and are provided to ensure the isa Member (Acquirer) is the ultimate
Merchant Signature	Date
Merchant's Printed Name and Title	