



## MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship

Sales Rep Name William Wise

Association

Application Date

08/30/2025

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## 1. GENERAL INFORMATION

## 2. BUSINESS LOCATION INFORMATION

## 3. BUSINESS STRUCTURE

Client's Business Name (Doing Business As) <b>Oasis Trucking &amp; Landscaping LLC</b>		Client's Corporate/Legal Name (Must match IRS income tax filing) <b>Oasis Trucking &amp; Landscaping LLC</b>	
Location Address 4510 W US 40	State Greenfield, IN	Corporate Address (if Different Than Location) 1700 E Freeport RD	State Morristown, IN
City Greenfield, IN	Zip 46040-8540	City Morristown, IN	Zip 46660
Location Phone 317 538 7514	Location Fax	Contact Name	Contact Phone
Customer Service Phone	Prior Security Breach? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Business Email CTL322@gmail.com	D&B# 20-4742553
Business Website Address <a href="http://oasistruckingsandlandscaping.com">oasistruckingsandlandscaping.com</a>	Fed Tax ID # (Must match IRS income tax filing) 20-4742553	Tax Type	
Multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, enter # of locations	Tax Filing Name <b>OASIS Trucking &amp; Landscaping LLC</b>	Date Business Started 2000
Additional location to existing MID	Send retrieval/chargeback requests to <input checked="" type="checkbox"/> Corporate Address	Length Current Ownership 20 yrs	
Send monthly merchant statements to	Corporate Address <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC/LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Govt. (Local/State/Federal)	Location Address	<input type="checkbox"/> Do Not Mail
<input type="checkbox"/> I certify that I am a foreign entity / nonresident alien. <input type="checkbox"/> (If checked, please attach IRS Form W-8.)	NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.3 of your Program Guide for further information.)		

## 4. OWNERS/PARTNERS/OFFICERS

## 5. TRADE REFERENCE

OWNER/PARTNER/OFFICER 1	OWNER/PARTNER/OFFICER 2	TRADE REFERENCE					
Name <b>Christopher C. Merlau</b>	Name <b>Christopher C. Merlau</b>	Business Name					
Title Managing MBR 100 % Ownership	Title Managing MBR 100 % Ownership	Business Address					
Home Address 1700 E. Freeport RD	Home Address	City Morristown					
City Morristown	State IN	State IN					
Zip 46660	Zip 46660	Zip					
Telephone 317 318 4842	DL/ID# 7/25/24	Issued State Exp Date 8/1/28	Telephone	DL/ID#	Issued State	Exp Date	Telephone
Social Security # 314-74-6303	Date of Birth 08/01/61	Social Security #	Date of Birth	Prior Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business and/or Personal	Date Discharged	
Email Address CTL322@gmail.com	Email Address						

Patriot Act Notice: To fight the funding of terrorism and money laundering, we are required to obtain, verify and record information that identifies each person (including business entities) who opens an account. To allow us to identify you, we will ask for your name, physical address, date of birth and tax payer ID and may ask for other information, such as your driver's license or other documents.

## 6. NATURE OF BUSINESS

## 7. TRANSACTION INFORMATION (see Section 9 American Express)

Business Type: <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Internet <input type="checkbox"/> Government <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Mail/Telephone Order <input type="checkbox"/> Petroleum <input type="checkbox"/> Utilities <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> QSR <input type="checkbox"/> Charity/Non Profit <input type="checkbox"/> B2B <input type="checkbox"/> Other		
Requested Monthly Payment Card Volume <b>\$55,000</b>	Card Present Swiped <b>90</b>	Sales to Consumers <b>90</b>
Requested Average Payment Card Ticket <b>\$500</b>	Card Present Not Swiped	Sales to Business <b>10</b>
Requested Highest Payment Card Ticket <b>\$4,500</b>	MOTO <b>10</b>	Sales to Govt. <b>0</b>
Seasonal Merchant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (circle open months if yes) <b>J F M A M J J A S O N D</b>	Internet (Ecommerce) <b>0</b>	Days to Delivery <b>&lt;7</b>
Description of products or services sold <b>Grading, Driveway Stove, Decorative Stove, Rocks, Mulch, Dirt</b>	Previous Processor <b>Electronic Payouts</b>	Reason For Leaving <b>Server</b>

## 8. BANKING ACCOUNT INFORMATION

Deposit Bank Name <b>Fifth Third Bank</b>	Routing# <b>074908594</b>	Account# <b>7452580043</b>	ACH Method: <input checked="" type="checkbox"/> Combined <input type="checkbox"/> Individual
Fees Bank Name	Routing#	Account#	

## 9. SERVICE ACCEPTANCE AND FEE SCHEDULE

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Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)

 Visa Credit

 Visa Non-PIN Debit

 MasterCard Credit

 MasterCard Non-PIN Debit

 Discover Network

 American Express

 PIN Debit

Select VI/MC/Discover Network Discount Plan:

(Based on Gross Sales Volume)

 Tiered Basic

 Flat Rate

Discount Payment Method:  Daily  Monthly

Assessments:  Included  Bill Separately  
(If Pass Through I/C - Assessments MUST Bill Separately)

Brand Fees:  Included  Bill Separately  
(If Pass Through I/C - Brand Fees MUST Bill Separately)

Select PinDebit Discount Plan:

— Pin Debit Network Fee Pass-through + \_\_\_\_ % Markup

### Discount Fees

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
MasterCard						Visa		
Credit Qual	2.913		Credit Qual	2.913		Credit Qual	2.913	
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
CheckCard Qual			CheckCard Qual			CheckCard Qual		
CheckCard Mid-Qual			CheckCard Mid-Qual			CheckCard Mid-Qual		
CheckCard Non-Qual			CheckCard Non-Qual			CheckCard Non-Qual		
Credit Pass Through IC			Credit Pass Through IC			Credit Pass Through IC		
CheckCard Pass Through IC			CheckCard Pass Through IC			CheckCard Pass Through IC		
ERR			ERR			ERR		
Voyager			All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.					

### American Express

#### OptBlue<sup>SM</sup>

#### Amex Direct

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	OptBlue <sup>SM</sup> Monthly Card Volume	\$10,000	X Order New <input type="checkbox"/> Use Existing
Credit Qual	2.913		OptBlue <sup>SM</sup> Average Card Ticket	\$500	CAP # _____
Credit Mid-Qual			OptBlue <sup>SM</sup> Highest Card Ticket	\$5,000	Existing SE # _____
Credit Non-Qual			SE # _____		Monthly flat fee of \$7.95 or Discount Rate may apply
Credit Pass Through IC			Select OptBlue <sup>SM</sup> Discount Plan:		
ERR			<input type="checkbox"/> Tiered Basic <input checked="" type="checkbox"/> Flat Rate <input type="checkbox"/> Pass Through I/C <input type="checkbox"/> Enhanced Recover Reduction (ERR)		

Fee applies to all American Express Programs

\*0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards.

An inbound fee of 0.40% will be applied on any Charge made using a Card, including Prepaid Cards, that was issued outside the United States (as used herein, the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions). This fee is applicable to all industries listed in Appendix B, except Education in the following categories: Sporting & Recreation Camps (MCC 7032), Elementary & Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).

By checking this box, you opt out of receiving future commercial marketing communications from American Express.

Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

### Authorization Fees

### Monthly Fees

Visa/MC/Discover Network	Electronic AVS	0.10	Monthly Minimum		Industry Compliance
Amex/Fleet/Other	Voice Authorization	0.10	Wireless Fee		Monthly Service Fee
Pin Debit Authorization	Voice AVS	0.10	PIN Debit Fee		Misc Monthly Fee
EBT Authorization	TIN-Mis-Match	24.95	Industry Non-Compliance (up to \$39.95)	39.95	(if applicable per Section 4.8 of the Merchant Program Guide)

### Miscellaneous Fees

Sales Transaction Fee (All card types)	(per item)	Chargeback Fee	35.00	(per occurrence)	MX Merchant Monthly Fee
Retrieval Fee (All card types)	15.00	(per occurrence)	Return Transaction Fee	(per item)	MX Merchant Plan <input type="checkbox"/> Reporting <input type="checkbox"/> Basic <input type="checkbox"/> Plus
Batch Fee	(per item)	Annual Fee			MX Gateway Transaction Fee <input type="checkbox"/> Premium <input type="checkbox"/> Enterprise
ACH Reject	35.00	(per occurrence)	Annual Fee Bill Month		Bill to <input type="checkbox"/> Statement <input type="checkbox"/> Separate

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of \$10 early termination fee in accordance with Part III, Section A.3 of the Merchant Program Guide.

**10. OTHER CARD TYPES**

Accept EBT	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Order Voyager	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Order ACH/Check Services (Must attach addendum with app copy)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Accept EBT Cash Benefit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Order Wright Express	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Order Gift Card (Must attach addendum with app copy)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(Must attach Wright Express application and Debranding letter with app copy)								

**11a. EQUIPMENT / PROCESSING METHOD**

Application Type	Retail	<input checked="" type="checkbox"/> Retail w/ Tip	<input type="checkbox"/> MOTO	<input type="checkbox"/> Restaurant w/ Tip	<input type="checkbox"/> Quick Serve Restaurant (no tip)	<input type="checkbox"/> Hotel	<input type="checkbox"/> Auto Rental	<input type="checkbox"/>
Terminal Features	Yes	No	Yes	No	Yes	No	Yes	No
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card	<input type="checkbox"/>	<input type="checkbox"/>	Invoice/Purchase Order #	<input type="checkbox"/>	<input type="checkbox"/>
AVS + CVV2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Server/Clerk #	<input type="checkbox"/>	<input type="checkbox"/>	Auto Close	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
IP Connection?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	If yes, Terminal Serial _____	Special Requests (Multi-Mid, Dial 9, etc): _____		
Wireless?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Wireless Info: MAN/Serial _____	SIM Card Number _____		

TYPE OF EQUIPMENT			PRODUCT NAME	QUANTITY	DEPLOYMENT		
Terminal	<input checked="" type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR*	<input type="checkbox"/>	Dejavoo P1	1	Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR*	<input type="checkbox"/>	Dejavoo P17	1	Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR*	<input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal	<input type="checkbox"/> Pinpad	<input type="checkbox"/> Printer	<input type="checkbox"/> VAR*	<input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>

**\*Manufacturer/product/version of PC/Internet Software** \_\_\_\_\_Do you use any third party to store, process, or transmit cardholder data?  Yes  No \_\_\_\_\_

If yes, give name/address: \_\_\_\_\_

ORDER LEASE \_\_\_\_\_ Lease Company \_\_\_\_\_ Lease Term \_\_\_\_\_ Mos. \_\_\_\_\_ Annual Tax Handling Fee \$10.20

Total Monthly Lease Charge \_\_\_\_\_ w/o taxes, late fees, or other charges that may apply - See Lease Agreement for details.

This is a NON-CANCELLABLE lease for the full term indicated

Client's initials: \_\_\_\_\_

**11b. CARD NOT PRESENT INFORMATION**

If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.

1. Please submit your Product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with card holder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.

2. If Internet, please check your type of business:

- |  |  |   |                                       |   |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Web Hosting             | <input type="checkbox"/> Domain Registration | <input type="checkbox"/> Web page Design    | <input type="checkbox"/> Auction      | <input type="checkbox"/> Internet Service Gateway |
| <input type="checkbox"/> Selling Digital Service | <input type="checkbox"/> Advertisement       | <input type="checkbox"/> Selling Hard Goods | <input type="checkbox"/> Other: _____ |   |

If using the Internet, list encryption method, vendor, and controls used to secure transaction information

3. How will the product be advertised or promoted? \_\_\_\_\_

4. Billing Methods: (Check all that apply)

— Monthly - \_\_\_\_\_ % — Yearly - \_\_\_\_\_ % — Quarterly - \_\_\_\_\_ % — One Time - \_\_\_\_\_ % — Hourly - \_\_\_\_\_ %

5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased.

6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor Name, address and phone number in full.

7. Please describe how a sale takes place from beginning of order until completion of fulfillment:

## 12a. SITE INSPECTION (Completed by Sales Agent)

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I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed)

William Wise

Signature X

*William Wise*

## 13. SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version #18911v1) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 7, Transaction Information section and Section 9, American Express above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and SYNOVUS Bank ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq., as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Social Security numbers are classified as "Confidential" information under the PRIORITY Data Classification Retention and Disposal Policy. As such, Social Security numbers may only be accessed by and disclosed to PRIORITY team members and others with a legitimate business "need to know" in accordance with applicable laws and regulations. Social Security numbers, whether in paper or electronic form, are subject to physical, electronic and procedural safeguards, and must be stored, transmitted and disposed of in accordance with the provision of the information applicable to Confidential information. These restrictions apply to all Social Security numbers collected or retained by PRIORITY.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

## Client's Business Principal / Officer

Signature X *Chris Merton* Title Mkt Mgr

Print Name of Signer *Chris Merton* Date 6-30-25

Signature X \_\_\_\_\_ Title \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee:** In exchange for PRIORITY and Synovus Bank (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

**Personal Guarantee**  
Signature X *Chris Merton* Print Name: *Chris Merton* Date 6-30-25

**Personal Guarantee**  
Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Accepted By**  
Priority Payment Systems, LLC  
P.O. BOX 246, Alpharetta, GA 30009-0246

Synovus Bank  
1111 Bay Ave, Columbus, GA 31901

Signature X \_\_\_\_\_

Signature X \_\_\_\_\_

**Part I: Confirmation Page**

**PROCESSOR** Name: Priority Payment Systems  
**INFORMATION:** Address: P.O. Box 246, Alpharetta, GA30009-0246  
URL: <https://www.pps.io/programguide/> Customer Service#: 1-855-813-5293

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you. From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
2. We may debit your bank account from time to time for amounts owed to us under the Agreement.
3. There are many reasons why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 21 of the Card Processing General Terms.
6. We have assumed certain risks by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms, Events of Default Section 24 and, Reserve Account; Security Interest 25), under certain circumstances.
7. By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. The Agreement contains a provision that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part III, Section A.3 of the Merchant Program Guide.
9. If you lease equipment from Processor, it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.
10. For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-855-813-5293, and / or refer to Important Phone Numbers on the Additional Important Information Page, Part III, Section A.4.

**11. Card Organization Disclosure****Visa and MasterCard Member Bank Information: Synovus Bank**

The Bank's mailing address is 1111 Bay Avenue, Columbus, Georgia 31901, and its phone number is (706) 649-4900.

**Important Member Bank Responsibilities:**

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) 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.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserves that are derived from settlement.

**Important Merchant Responsibilities:**

- a) Ensure compliance with Cardholder data security and storage requirements. b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain assigned copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- g) You may download "MasterCard Regulations" from Mastercard's website at: <https://www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf>

**Print Client's Business Legal Name:**

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [Version #118911v1] consisting of 46 pages (including this confirmation)

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

<https://www.pps.io/programguide/>

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.**

**Client's Business Principal:**

Signature (Please sign below):

X Chris Mervin

Please Print Name of Signer

Title

Date

**PCBancard**  
420 Boulevard, Suite 206  
Mountain Lakes, NJ 07046  
Phone: (973) 324-2251  
Fax: (973) 201-1036



## PCI COMPLIANCE MERCHANT AGREEMENT

PCBancard is offering to assist the Merchant in completing the PCI compliance questionnaire, as we know it can be confusing and tedious under the following conditions:

1. **\*\*Hold Harmless Agreement\*\*:** The Merchant agrees to hold PCBancard harmless from any liability, loss, or damage of any kind arising from the assistance provided.
2. **\*\*Indemnification\*\*:** The Merchant will indemnify PCBancard against any losses or claims related to the support given in obtaining PCI compliance.
3. **\*\*Merchant's Responsibility\*\*:** It is acknowledged that the responsibility for achieving PCI compliance lies solely with the Merchant. PCBancard will assist.
4. **\*\*Nature of Assistance\*\*:** PCBancard's assistance is intended to help the merchant facilitate compliance but does not constitute a guarantee of accuracy or completeness regarding the Merchant's specific circumstances. PCBancard makes no representation or warranty that the services provided are adequate to ensure compliance, as there are factors beyond their knowledge or control that may affect the Merchant's business. PCBancard's assistance is at no cost to any merchant PCBancard will assist in good faith.

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Oasis Trucking & Landscaping Christopher C. Merlau

Business Name

Owner Signature

June 30, 2025

Date

Christopher C. Merlau

Owner Name (Printed)


**PCBancard**

420 Boulevard Suite 206 Mountain Lakes, NJ 07046

**PCB Download Sheet**

DBA Name: Ogsis Trucking &amp; Landscaping, LLC

Address: 4510 W. US 40

PCB Internal Use

City: Greenfield, IN 46140

TSYS 

State: \_\_\_\_\_ Zip: \_\_\_\_\_

FISERV (FD) 

Phone: (317) 538-7514

Other  \_\_\_\_\_

Agent Name: William Wise

Terminal Type:  P1 QTY  P3 QTY  P5 QTY P17   
 QD1 QTY \_\_\_\_\_  QD2 QTY \_\_\_\_\_  QD4 QTY \_\_\_\_\_  QD5 QTY \_\_\_\_\_  
 S300 QTY \_\_\_\_\_  OTHER \_\_\_\_\_ QTY \_\_\_\_\_

POS Type:  HotSauce POS  Dejavapro POS  OVVI POS  
 Union POS  Tabit POS

SVC Fee % 3.00 (For Dual Pricing)File Build Type:  Retail  Retail w/Tip  RestaurantAuto Close (time if required) 1815  AVS  CVV2  EBT IP  WiFi  Mobile Data (Sim Card)Ship to:  Merchant  Agent

## Additional Notes:

This will be a Dejavoo PI tethered to P17  
 merchant facing customer facing -

Will bill COGS To S/O - Agreement will  
 be submitted to GWA when Shipped -

Effective 12-1-2023



### ***Dual Pricing Charity Program***

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Business Name: Oasis Trucking & Landscaping LLC

Business Owner Name: Christopher C. Merlau

Business Owner Signature: Christopher C. Merlau

### ***Charity of Choice***

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Charity Name: Hancock Hope House INC

Charity Address: 35 E. Pierson St.

City/State/Zip: Greenfield, IN 46140

Phone Number: (317) 467-4991

Email Address: Knewell@hancockhopehouse.org

Website: hancockhopehouse.org

Would you like signage for your business to let your customers know a portion of the fees associated with your credit card processing goes to the above listed charity?

Yes / No

**INDIANA**  
USA

**COMMERCIAL  
DRIVER'S LICENSE**



bmv.IN.gov

JOE B. HOAGE, COMMISSIONER

4d DLN **8913-89-3455**

4b EXP **08/01/2028**

1 MERLAU  
2 CHRISTOPHER CHARLES

8 1706 E FREEPORT RD  
MORRISTOWN, IN 46161

9 CLASS A  
12 RES DV

9a END 2NT

15 SEX M 16 HGT 5'-11" 17 WGT 200 lb  
18 EYES BRO 19 HAIR BRO

3 DOB **08/01/1961** 4a ISS **07/25/2024**

5 DD **07252436000001**



**08/01/61**

360  
*Chris Merle*

**OASIS TRUCKING & LANDSCAPING LLC**

4510 W US 40

Greenfield, IN 46140-8540

**5278**

71-859749

— 20 —

Pay to the  
Order of \_\_\_\_\_

\_\_\_\_\_ \$

Dollars

at  
Specified time  
or place on back.

FIFTH THIRD

For \_\_\_\_\_

NP

1:02949085941: 765258064310 5278



## REGISTERED RETAIL MERCHANT CERTIFICATE

INDIANA DEPARTMENT OF REVENUE  
100 N SENATE AVE  
INDIANAPOLIS IN 46204-2253  
(317) 232-2240

OASIS TRUCKING & LANDSCAPING LLC  
1706 E FREEPORT RD  
MORRISTOWN IN 46161-9757

IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE  
ADDRESS ABOVE IF DIFFERENT FROM BELOW.

THIS LICENSE:  
IS NOT TRANSFERRABLE TO ANY OTHER PERSON.  
IS NOT SUBJECT TO REBATE.  
IS VOID IF ALTERED.



OASIS TRUCKING & LANDSCAPING LLC  
1706 E FREEPORT RD  
MORRISTOWN IN 46161-9757

*Roherty Penney J.*

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

(Cut or fold here)



THIS NOTE IS LEGAL TENDER  
FOR ALL DEBTS, PUBLIC AND PRIVATE

RE 11325 D

# ROCKS•MULCH•DIRT

- Grading
- Driveway Stone
- Decorative Stone
- Delivery or Pick Up
- Large or Small Quantities

**317-538-7514**

**4510 W. US Hwy. 40  
Greenfield, IN 46140**

