SECURE BANCARD

Secure Bancard, LLC
1500 Abbey Court | Alpharetta, GA 30004
1-855-271-1500

APPLICATION FOR MERCHANT AGREEMENT

SYNOVUS BANK (Merchant Bank)
1125 First Avenue, Columbus, GA 31901
706-649-4900

Processor's Sales Rep Name: **Impact PaySystem CP**

Business Information

The Bank of Fayette County	**The Bank of Fayette County - Piperton**
Merchant Legal Business Name	DBA Name
1265 US Hwy 57	**1265 US Hwy 57**
Mailing Address	DBA Address (Physical, No PO Boxes)
Piperton / **Tennessee** / **38017**	**Piperton** / **Tennessee** / **38017**
City / *State* / *Zip*	*City* / *State* / *Zip*
9018542265 /	**9018542265** /
Legal Phone # / *Legal Fax #*	*DBA Phone #* / *DBA Fax #*

620301070 — *Federal Tax ID # (Must be 9 digits)*
99 Yrs. **99** Mos. — *Length* / *Owned*
☐ New business ☐ New owner Seasonal? ☐ Yes ☐ No List months
Business License Date Opened: **26 apr 1926**
Merchant State registration E-mail Address: **sbing@bankoffayettecounty.com** Web site Address: **https://www.thebank1905.com/**

Any prior ☐ No ☐ Yes If yes: ☐ Personal ☐ Business **If yes, how long**

Type of ☐ Sole Proprietorship ☐ LLC ☐ Partnership ☐ Ltd Partnership ☐ Corp, check one: ☐ Public ☐ Private ☐ Non ☐ Other

Business Type

■ Retail ☐ Restaurant ☐ Lodging ☐ Service ☐ Internet ___% ☐ Mail ___% ☐ Tel ___% ☐ Bus-to-Bus ___%

Description of Business

Detailed Description of Business (including products/services; card charging policies; delivery methods; whether own/finance inventory---provide separate pages if needed):

Cash Advances

Mailing Address (select ☐ Legal ☐ DBA ☐ Location Contact: **Susan Bing** **Phone #** **9018542265**

Refund/Return Policy

☐ No refund ☐ Refund in 30 days or less ☐ Merchandise ☐ Other:

American Express Disclosure

The "NCR" party listed throughout this Application and the Merchant Agreement is your acquirer for American Express, or will convey American Exper ss sales on your behalf:

NCR Payment Solutions, LLC
864 Spring Street, Atlanta, GA 30308

X DocuSigned by: 30474A6840C3E4FC... **Cydney Griffin / Owner** **Apr. 04, 2025**

Merchant Signature **Print Name/Title** **Date:**

Merchant initials C G

PATRIOT ACT / Site Survey

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (*In Section II, Driver's License required -- use other ID only if no Driver's License issued.)

Section 1: Business Form of Identification		Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:	
		Business Name:					
Govt Issued Business License	■	Date and Place of Issuance:		Drivers License:	071018687	Name:	Cydney Griffin
Tax Return	☐			State ID:		Date of Birth:	23 oct 1972
Corporate Resolution	☐	ID/Tax ID Number:	620301070	Passport:		DL/ID#:	071018687
Entity Agencies	☐			Military ID:		Date of Issuance:	
Business financial Statement	☐	Expiration Date:		Mexican Consulate ID:		State of Issuance:	
Partnership Agreement	☐					Expiration:	Sep 11, 2025
		Type Fin'l S't		Resident Alien ID:		Address:	475 Sycamore Rd

Section III

☐ On site visit done by Sales Rep ☐ Business Consistent with Application (including any e-Commerce addendums(s))

☐ Address of location inspected: ☐ DBA Address ☐ Legal Address ☐ URL listed in eCommerce addendum ☐ Other Address:

Does name posted at business match name on application ☐ Yes ☐ No

Does inventory volume appear to be sufficient? ☐ Yes ☐ No

Does location have appropriate business signage ☐ Yes ☐ No

Are store hours posted? ■ Yes ☐ No Number of employees:/td>

Did you view merchant's inventory? ☐ Yes ☐ No Get Samples? ☐ Yes ☐ No Did you get Interior/exterior photos? ☐ Yes ☐ No

Was inventory consistent with merchant's type of business? ☐ Yes ☐

Comments:

* Signature of Sales Representative:

Date:

* By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable.

Principal Information

Principal's Name	Title	Date of Birth	Ownership % / Years	% of Time Spent In Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebancard.com)	Residential Address (City, State, Zip)	Residential Phone #
Cydney Griffin	Owner		25/99		*******2024	475 Sycamore Rd, Collierville, TN, 38017	9014579252

Bank Information

Name of Financial Institution	Account number	Routing #	Phone #	Contact	Date Opened
Bank of Fayette County	****0878	084304337			

***AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. **REQUIRED: ATTACH VOIDED CHECK**

Please select one for ACH account type listed above: ☐ **Checking account** ☐ **Savings account** ☐ **Bank GL account**

Trade / Business References

Trade Name	Account #	Product Sold	Phone #' (No 800 #s)

Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:

Merchant initials C G

Processing Information

Card Types Accepted:

- ■ All Visa/MasterCard/Discover Cards
- ☐ All Discover Cards
- ☐ JCB**
- ☐ American Express **
- ☐ Diners/Carte Blanche**
- ☐ MasterCard Credit Cards and Business cards only
- ☐ Visa Credit Cards and Business Cards only
- ☐ MasterCard Debit cards only
- ☐ Visa Debit cards only
- ☐ PIN Based Debit/EBT Cards**

Projected total annual sales $ _____

Projected Visa/MC/DISC/Amex Sales
Monthly $25000.00 Annual $_____

Projected Visa/MC/DISC/Amex High Ticket
$3000.00

Electronic card-swiped transactions	99 %
Electronic key-entered (with imprints)	1 %
Electronic card not present (w/out imprints)	_____ %
OR	
Touch-tone card not present (with imprints)	_____ %
Touch-tone card not present (no imprints)	_____ %
Mail/Telephone Order (card not present)	_____ %
eCommerce (card not present)	_____ %

NOTE: TOTAL (must equal 100%)

Projected avarage
Visa/MC/DISC/Amex ticket size 300.00

Do you use a 3rd party fulfillment?
☐ No ☐ Yes

If "yes"
Contact name and phone number:
Name:_____
Phone:_____

☐ If processing via mail, phone or Internet: supply copy of print advertising, catalogs and brochures.
If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL(Internet).

Do you authorize carrier to deliver w/o getting signature? ☐ No ☐ Yes

Do you bill your customer prior to goods being shipped? If yes, how many days? ☐ 0-2 days ☐ 3-30 days ☐ 31-60 days ☐ 60-90 days ☐ Over 90 days

How do you advertise? ☐ Yellow pages ☐ Telemarketing ☐ Catalog ☐ Internet ☐ Word of mouth ☐ Publications ☐ Mass/Direct mail ☐ Other _____

Have you ever accepted credit cards before? ☐ Yes ☐ No If Yes: Processor Name _____(Please provide the most recent 3 months of processing statements. If you are a MO/TO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months $_____ 6 months $ _____

# of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data:

Merchant ☐ Owns ☐ Leases Location(s)?	How long at current locations(s)?:
Name/address of mortgage holder/landlord:	
Other significant Merchant Contacts with third parties:	

American Express

Existing Accounts:
If you currently accept AXP payments, and your AXP volume is less than $1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: _____

If you currently accept AXP payments in excess of $1MM annually, please provide your existing AXP#, so so we can convey this to AXP on your behalf.

New Accounts:
If you do not currently accept AXP # payments, and your annual volume is less than $1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. **AXP SE #:** _____

If you do not currently have an AXP #, and your annual volume is more than $1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than $1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, NCR as processor, and not Merchant Bank, will settle American Express.

** Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

Merchant initials C G

FEE SCHEDULE

*** Equipment Options*

Model		Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned		Price
Terminal			☐	☐	☐	☐	☐	$	
Terminal			☐	☐	☐	☐	☐	$	
Printer			☐	☐	☐	☐	☐	$	
PIN Pad			☐	☐	☐	☐	☐	$	
Imprinter			Purchase Only						
Other			☐	☐	☐	☐	☐	$	
			☐	☐	☐	☐	☐	$	

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to:	☐ Merchant ☐ Agent ☐ Other	
Ship Equipment to:	☐ DBA ☐ Legal ☐ Agent ☐ Other:	
Send Welcome Kit to:	☐ DBA ☐ Legal ☐ Agent ☐ N/A	
Merchant training provided by:	☐ Processor ☐ Agent ☐ Other:	

SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates ☐ Interchange Pass Through Discount Rate _____ % Per Item $ _____ ■ Association Dues Assessments & Sponsorship

Rate 1	%	Per Item $	Rate 2	%	Per Item $	Rate 3	%	Per Item $
Visa Qual Credit			Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit			Mastercard Mid-Qual Credit			Mastercard Non-Qual Credit		
Discover Network Qual Credit			Discover Network Mid-Qual Credit			Discover Network Non-Qual Credit		
American Express Qual Credit			American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit								
Mastercard Qual Debit								
Discover-Network Qual Debit								
American Express Qual Debit								
Pin Debit								
PTI EBT								

Rewards Pricing

Visa Rewards (Discount Rate $_____ Per Item _____

Mastercard Rewards (Discount Rate $_____ Per Item _____

Amex Rewards (Discount Rate $_____ Per Item _____

Discover Rewards (Discount Rate $_____ Per Item _____

Miscellaneous Fees:

Authorization Fees: **American Express $_____ Mastercard $_____ Visa $_____ Discover $_____**

Decline Fee $_____ EBT Auth Fee $_____ Debit Auth Fee $_____

Other Fees:

Gateway Trans Chg $_____ Wireless Transaction Fee $_____ Marketing Transaction Fee $_____

ACH Batch Fee $_____ ACH Reject/Change Fee $25.00 Next Day Funding Batch Fee $0.00

AVS Fee $_____ CVV2 Fee $_____ Tokenization Fee $_____ Chargeback/Retrieval Fee $25.00/15.00

PCI monthly Fee $_____ PCI Non Compliance Fee $_____ Annual PCI Fee $_____

Administrative Maintenance Fee $10.00 Gateway Fee $_____ Annual Fee $_____

Bi-Annual Fee $_____ Monthly Statement Fee $_____ Online Merchant Portal $_____

Monthly Minimum: $_____ Monthly bill minimum: _____ Terminal Rental Fee $_____

Debit Monthly Fee $_____ Early Termination Fee: $ _____ Application/Setup Fee $_____

Helpdesk Fee $_____ Account Setup Fee $_____ Express Build Fee $_____

Debit Setup Fee $_____ EBT Setup Fee $_____ Wireless Setup Fee $_____

Gateway Setup Fee $_____ Addl Terminal Fee $_____ Merchant Club Fee $_____

**** Other $2.00 per _____ Description Transaction Fee ** Other $_____ per _____ Description_____**

**** Other $_____ per month Description_____ ** Other $_____ per month Description_____**

See Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

Merchant initials C G

eCommerce Application Addendum

Number of e-Commerce websites:		*(If more than 1, complete, initial and attach an additional copy of this page for each additional website)*					
Website URL:	**https://www.thebank1905.com/**	**Website server IP Address:**		**Website DBA:**			
Customer Service: email address:		**sbing@bankoffayettecounty.com**	**Telephone:**	**9018542265**	**List all links to other websites:**		
Web Hosting Service Name:			**Address:**		**Contact Telephone:**		
Fullfillment House Name:			**Address:**		**Contact Telephone:**		

How do you advertise:	**(Attach samples; e.g., catalog/print/broadcast/telemarketing script)**
Do you bill customer's card before shipping product or performing service? ☐ **Yes** ☐ **No**	**If Yes, how many days before?**
What is your return/refund policy?	**Website Security Method:**

Digital Certificate Issuer:		**Digital Cert No(s)/Exp Date(s)**	**Owenership** ☐ **Shared** ☐ **Individual**

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3). acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) 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.

AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I representthat I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Accep-tance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize NCR, Secure Bancard,and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information inthis application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time,and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Secure Bancardand American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I alsoauthorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read andunderstand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will beprovided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

MERCHANT SIGNATURES		*GUARANTOR SIGNATURES*	
DocuSigned by: X 1) 3047A6840C3C416...	Apr. 04, 2025	DocuSigned by: X 1) 3047A6840C3C416...	Apr. 04, 2025
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Cydney Griffin	Owner	Cydney Griffin	
Print Name	Title	Print Name (No Titles)	
X 2)		X 2)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
X 3)		X 3)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	

FOR INTERNAL USE ONLY			
X)		X)	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

Merchant initials C G

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) 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 identity you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Secure Bancard's privacy policy can be found at http://www.securebancard.com/Privacy%20Policy.pdf

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Apr. 04, 2025

Merchant Legal Name: Cydney Griffin Merchant Federal Tax ID (as it appears on income tax return): _____ Merchant State of formation/Incorporation: TN Merchant Address: 475 Sycamore Rd, Collierville, TN, 38017 Merchant Entity Type Corporation

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name **Cydney Griffin**	**Title** **Owner**			**% of Legal Entity OwnerShip: 25 %**
Individual's Home (Street) Address (No P.O. Box) 475 Sycamore Rd	City, State, Zip Collierville, TN, 38017			Date of birth 23 oct 1972
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes ☐ No	(SSN)/Individual Taxpayer Identification No. (ITIN): *******2024			Control Prong? ■
Id Type:* ■ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance TN	Date Issued 11 sep 2017	Expiration Date 11 sep 2025	Number on ID: 071018687
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: %**
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: %**
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip , ,			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	**Title**			**% of Legal Entity OwnerShip: %**
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip Collierville, ,			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Control Prong (and/or ☐ additional Beneficial Owner) Legal Name	**Title**			**% of Legal Entity OwnerShip: %**
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? ☐ Yes
Id Type:* ☐ Driver's License ☐ Other State photo ID showing residence ☐ Passport ☐ Resident Alien ID ☐ Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:

*For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance. ± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:
The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

DocuSigned by:
Cydney H. Griffin
3047A6840C3C41C...

Apr. 04, 2025 | Cydney Griffin | | | | |

Authorized Signer Signature | Date Signed | Authorized Signer Printed Name | Processor's Rep. Signature | Date Signed

Processor's Rep. Printed Name

VISA DISCLOSURE PAGE

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank
Acquirer Address: 1125 First Avenue, Columbus, GA 31901
Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsabilities:

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signatory) to the Merchant Agreement.
3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
4. The Visa Member is responsible for all funds held in reserve that are derived from settlement.
5. The Visa Member is responsible for educating Merchants on any Visa International Operating Regulations with which Merchants must comply during the course of operation.

Important 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 Visa International Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature

DocuSigned by:
Cydney H. Griffin
3047A684C8C416...

Merchant's Signature

Apr. 04, 2025
Date

Cydney Griffin
Merchant's Printed Name

Owner
Title

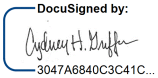
Certificate Of Completion

Envelope Id: 92FB8902-732D-4E1C-A11D-15D2C9E43263
Status: Completed
Subject: Complete with Docusign: The Bank_ Merchant Application_Cash Advance
Source Envelope:
Document Pages: 91
Signatures: 5
Certificate Pages: 4
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Dee Karawadra
1164 Vickery Lane
Suite 200
Cordova, TN 38016
registration@impactpays.net
IP Address: 173.166.215.126

Record Tracking

Status: Original
4/9/2025 12:25:17 PM
Holder: Dee Karawadra
registration@impactpays.net
Location: DocuSign

Signer Events	Signature	Timestamp
Cydney Griffin cgriffin@bankoffayettecounty.com VP, Operations Tech Security Level: Email, Account Authentication (None)	DocuSigned by:  3047A6840C3C41C... Signature Adoption: Uploaded Signature Image Using IP Address: 70.158.36.98	Sent: 4/9/2025 12:56:02 PM Viewed: 4/9/2025 1:34:02 PM Signed: 4/9/2025 2:39:00 PM

Electronic Record and Signature Disclosure:
Accepted: 4/9/2025 1:34:02 PM
ID: 005db311-fe06-42f8-a508-519137480736

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/9/2025 12:56:02 PM
Certified Delivered	Security Checked	4/9/2025 1:34:02 PM
Signing Complete	Security Checked	4/9/2025 2:39:00 PM
Completed	Security Checked	4/9/2025 2:39:00 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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