MERCHANT PROCESSING APPLICATION AND AGREEMENT	(Page I of

			COMPI	LETE S	ECTIONS (1-9)						
Merchant #:								Loc.	1_ of1		
PCS2408		(I)TI	ELL US	ABOU	IT YOUR BUSINES	S			PCS2408		
If Merchant is a sole proprietorship, then the "C Client's Buisness Name (Doing Business As):		rporate/Legal N	ame" shou					Information			
Park Side Inn		lient's Corporate/Legal Nan Shaan, LLC	ne (USE AISO JOI	rieuuquurter's	mjormation)	•					
Business Address: 3720 55 N		illing Address (If Different 7 3720 55 N	han Location A	ddress):							
City: Jackson		1	Zip: 39211		ity: Jackson			State: MS	Zip: 39211		
Location Phone #: 601-982-1122	Locatio		39211	С	ustomer Service Number: Christopher		Contact Name		39211		
Business E-mail Address:				C	Contact Phone #: Fax #:						
Christopher@wealthhg.com Business Website Address:				-	601-982-1122 Contact E-Mail Address:						
end Retrieval Requests / Fax Type to: Business Address Fax #: *SIC/MCC: 7011											
Statement Type: (check one) 🔲 Detail 🗌	Summ	ary Statem	ent Delive	ry Method	d: (check one) 🗌 E-Mail			Online	Print and Mail		
Billing to be processed	Daily										
*If your business is classified as High Risk and as registration is required with Visa and/or Master registration fees could be \$1,000). Failure to reg 'Registration for MCC 7841 is only required for n (2) MC / VISA /	card with ister coul on-face-t	in 30 days from d result in fines o-face adult co	when your in excess on tent. Info	account be of \$10,000 f rmation he	ecomes active. An Annual Regi for violating Visa and/or Maste	stration Fee of \$5 ercard regulation (s, is subject to ch	500 may apply fo s². nange	r Visa and/or N	Mastercard (total		
Total Monthy Card Volume:								\$ 200000	.00		
Estimated Average Ticket / Sales Amount:								\$ 140.00			
Estimated High Ticket Amount:			(2)					\$_1500.00)		
(3) ENTITLEMENTS MC/Visa/Discover Full Processing/Amex Opt Blue (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)											
Amex - Existing Direct SE#			_	merican Ex	cpress Cap #	Fran	nchise Name: _				
☐ Discover - Existing Retained SE #	Discover - Existing Retained SE # Non-Lic. JCB (EDC) - Existing Account #										
☐ PIN Debit	PIN Debit										
□ WEX Full Acquiring □ WEX Non-Full Svc □ WEX Crossroads □ Voyager □ Tax exempt Voyager □ MC Fleet □ Fuelman ID											
		. ,			E BUSINESS DATA						
State Incorp Month/Year Started:			Ownership					ate Corp. 🗷	L.L.C. Gov't		
Check one: TIN TYPE: EIN (Fed Tax II					SSN		O&B #				
NOTE: Failure to provide accurate information Name (as it appears on your income tax return Shaan, LLC			l Tax ID#:		ars on your SS4 form)	☐ I certify		eign entity/n	onresident alien		
Mag Swipe98_% + Keyed Manually* Product/Services You Sell: Motel and Lodgi			lf 50% or ı	more is ma	anually keyed please provic	de the MOTO Ac	ddendum				
Card Present (MAG Swipe and/or Manual I					-				: 100%		
Does your business offer products and/or Do you use any third party to store, proces				`				· · · · ·	Loyalty programs)		
If yes, give name/address: Return Policy: Full Refund Exhange	Only	None									
Will transactions be in currencies other than the U.S. Dollar (USD)? ☐ Yes ☐ No											
Previous Processor: Your Previous Merchant #: Check Reason for Changing: Rate Service Terminated Other:											
(5) DESCRIBE EQUIPMENT DETAILS											
Network: CARDnet® Nashv	ille	Buypass	Othe	Nachy			Specify Secu	rity Code: (_)		
QTY IP Eq	uipment	Туре			Model Code and Name		Repro	gram/New Dep	loyment		
□ FDR Proprietary FD-130											
Deployment Instructions: To Location		Other Address	:								
Profile Type: ☐ Retail ☐ Petroleum Instructions: ☐ Clerk / Server Entry ☐ F	_	-		Time 7:0	OO AM	Cash Back					
									1		
VAR/Internet/Software: Name: (Nashville Only: Product ID # Vendor ID #)											

PLEASE SEND COMPLETED INFORMATION TO: Phone: 877.251.0778 * FAX: 775.782.7572

Impact PaySystems is a registered ISO of Wells Fargo Bank, N.A., Concord CA

Client Initials

IMI.	LIVOI	IAINI		KOCL	SING A		ICAI	10	NAINL	, AO	MEERILE	N I	(ige 2 01 3)	
PCS2408			(6) PROVI	DE YOUR (1W0	NER IN	IFO	RMATIC	NC			PC	S2408	
Provide the following infor	mation	for each ir	ndivi	idual who o	wns, directly or	indire	ctly, 25%	or m	ore of the	equity i	nterest of yo	ur business, or w	ho oth	erwise has	
significant responsibility to	control	, manage,	or c		_								۰٬ ۲۰		
Owner/Partner/Officer Name:				D.O.B:	Social Securi	•			Home Pho		Title:			wnership:	
Vishesh Tref	han			01/02/1978	061-86-4312	2			601-672-9		Owner		51		
Home Address:			Cit	•			State:	Zip:				ress: (Required for (lick to A	(gree)	
102 Woodland Ct			Cli	nton			MS	3905			oher@wealth				
Owner/Partner/Officer Name:				D.O.B:	Social Securi	ity #:			Home Pho	ne:	Title:		% of O	wnership:	
			10								5 00 11 0 11	(Demissed for a	1:-1: +- 1	1 1	
Home Address:			Cit	y:			State:	Zip:		Owner'	s E-Mail Add	ress: (Required for (IICK TO F	(gree)	
0 10 10111				0.00	10.110								۰٬ ۲۰		
Owner/Partner/Officer Name:				D.O.B:	Social Securi	ity #:			Home Pho	ne:	Title:		% of O	wnership:	
Hama Addus as			C:A				CALAL	7:		0	- 5 84-:1 8-1-1	(Boauired for (liek to 1	laraal	
Home Address:			Cit	y:			State:	Zip:		Owner	s E-IVIAII Add	ress: (Required for (IICK LO F	(gree)	
Owner/Partner/Officer Name:				D.O.B:	Social Securi	i+., #.			Home Pho	<u> </u>	Title:		% of O	wnership:	
Owner/Partner/Officer Name:				р.о.в:	Social Securi	ity #:			nome Pho	me:	Title:	% 01 U	wnersnip:		
Home Address:			Cit	V.			State:	Zip:		Owner'	Owner's E-Mail Address: (Required for Click to Agree)				
nome Address.			Cit	у.			State.	Zip.		Owner	S E-IVIAII AUU	ress. (Neganea jor c	nek to A	igree/	
Controlling Position:				D.O.B:	Social Securi	i+., #.			Home Pho		Title:		% of O	wnership:	
Vishesh Trel	han					•								wnersnip:	
Home Address:	IIaII		Cit	01/02/1978	061-86-4312	<u> </u>	State:	Zip:	601-672-9		Owner	ress: (Required for (51	lareel	
102 Woodland Ct				nton			MS	3905	56		oher@wealth		nek to A	igree/	
		(7)		AT RATE	/ IC PLUS	/TI		CIN	IG SCH			<u> </u>			
Stort IIn Food (One Ti	06	. ,			Authorizati				10 0011		_	Other Fees			
Start-Up Fees (One-Tin Non-Taxable Fees:	me Charg	е)	_	MC Auth F		on and	AVSTE			+		Other rees			
Application Fee (Non-Refundable)	(321)	Ś		11	32, 033, 034, 03R,	03V, 03	3W, 03X, 0	3Y) \$	0.050	Early	Termination	Fee		\$	
Account Validation Fee	(182)			Visa Auth					0.050	Annu	al Membersi	nin Fee	(294)	\$	
(One-time fee charged at time of boarding		>	-		42, 043, 044, 04R,	, 04V, 04	4W, 04X, 0	4Y) Ş					. ,	\$ 25.00	
Reprogramming Fee	(31A)	\$	_	Discover A (070, 071, 0	iutn Fee 72, 073, 074, 071,	07V, 07	w, 07X, 07	Y)	0.050	Char	geback Fee		(ZZ9)	·	
Debit Set-up Fee	(31B)	\$	_		82, 083, 084, 08V,			, \$	0.050	Retri	eval Fee		(285)	\$_15.00	
Billed Monthly I	Fees		=	Amex Aut	h Fee 62, 063, 064, 061,	nev ne	w nex ne	(v) (0.050	Batch	Settlement	Fee	(227)	\$	
_					Discover/Amex			,., ₊		Batci	Jettiement	100	(227)	y	
Monthly Service Fee	(335)		-		69, 079, 03A, 04A			\$	S	EBT P	urchase/Retur	n/Decline (029,20	Y,02X)	\$	
Minimum Processing Fee	(953)	\$ <u>0.00</u>	-		Discover/Amex		Auth Fee	/VRU		Visa/	MC/Disc Acc	ess Fee (241, 197	, 526)	\$	
Wireless Access Fee Per TID	(60J)	\$	_	(035, 036, 037, 045, 046, 047,							ć				
Monthly ClientLine® Fee	(32R)	\$	065, 066, 067, 075, 076, 077)							ş					
eIDS Monthy Fee	(29E)	\$		(405, 406, 4	07, 408, 435, 07B, IB, 04C, 06B, 06C)	. 07C			0.050	Visa	Ntwk Acq Pro	oc Fee US DB/PP	(04J)	\$	
-		\$ 3.00		035, 030, 0	15, 040, 005, 000,			· ·	<u></u>	_ NABU	J Fee	(60N	, OB4)	\$	
Regulatory Product Fee	(351)	40.00	-		Fleet	Card	Fees			الموال	D-:+ F		(404)	25.00 ع	
Monthly Statement Fee	(323)	\$_12.00	-		Authorizat	tion Fe	es			ACH	Reject Fee		(401)	\$	
TIN/TFN Blank or Invalid Fee	(181)	\$	_	Voyager		(0D	0, 0D1, 0	DV) \$:	Non	Return of Eq	uipment Fee		\$	
(as applicable) Merchant Supply Advantage	(412)	Ś		WEX			(0	D4) \$	S			Decident Free			
,	(413)	>	-	Fuelman)B3) \$		1		Product Fees			
Network Access Fee - Debit	(420)	\$	-	Tucillum	Other Payı	ment F		,,,,	<u></u>	Tran	Armor Mont	thly Fee	(30L)	\$	
Monthly Advantage Fee	(158)		_%	<u>Voyager</u>						Tran	Armor Trans	Fee	(12E)	\$	
Misc. Fee:	()	\$	_	Sales Disc	ount Fee		(7	766) _		% Moh	ile Pay Mont	hly Foo	(472)	¢	
Enhanced Security	Dackade	•	_	Wright Ex							•	•		-	
				Sales Disc	ount Fee (840, 8	41, 842, 8	843) _				Support Fee	(417)		
Enhanced Security Pkg Monthly* OR	()	\$ <u>5.00</u>	-	<u>Datawire</u>	Micronode					**Vi	sa/MC CCIS E	nrollment 🗌 (63	V, 63M) <u> </u>	
Enhanced Security Pkg Annual*	()	\$	_	1400 Mon	thly Fee (each)		(3	354) \$	S	Prem	ium Equipm	ent SVC	(32U) \$	
In addition, the card brands (Visa, Ma	storcard	American I	Evnra	nee Discover	etc) may charge	variou	s addition	al foo	s under cert	ain circur	nstances which	h are referred to a	"nacc	through fees"	
because, if charged, are passed throug															
return fees, and data usage fees, amo	0														
** Commercial Card Interchange Servi location to allow you to obtain the be															
partially exempt, you should enter the															
Pass Through Interchange - Inc Fee (273) of .13% a Visa Assessment F															
any other fees indicated on this Servi											II be assessed	an additional .01%	per tra	nsaction).	
American Express Network Fee (28) o	f .16%. A	American Ex		s has Progran	n Pricing and not		count	are su	ibject to cha	nge.	Discount			Discount	
Sales Credit & Non-PIN Debit				ed on Gross			on Gross			(1	Discount Based on Gross		(1	Based on Gross	
Transaction Fee \$\frac{0.100}{}{}	MCC	2	Sa	les Vol.)	Vice Cuel	Sale	es Vol.)	D:-	OVO - O '	·	Sales Vol.)			Sales Vol.)	
(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qu Credit			0 000	Visa Qual Credit (804)	(0.200 %		over Qual dit (170)		0.200 %	American Expre		0.200 %	
American Express	MC Qu		_		Visa Qual			 	over Qual	-		American Expre	,		
Sales Credit Transaction Fee \$ 0.100	-	N Debit	Non DIN Dobit												
Transaction Fee \$ 0.100 (013, 014)	(850)		_	0.200_%	(854)	'	0.200_%				0.200 _{_%}		.	%	
Unbundled PIN Debit - Txn Fee		Unb	undl	ed PIN Debi	t Discount Fee					<u> </u>	PIN Debit				
(018) \$		(Key	190)	9	6 (plus the a	pplicab	ole netwo	rk fee	rs)			nsaction Fee (4	2R) \$		

Print Name of Signer ______ Date _____ Printed Name: _

(10) PERSONAL GUARANTY

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A., Petroleum Card Services are relying upon this Guaranty in entering into the Agreement.

-					
Sign	nature	(Please	cian	helow).	

Vishesh Trehan (electronic signature obtained on 1/28/2022 at 11:42:01 AM)

Signature (Please sign below):

__, an individual X__Signature_Guarantor_02

Signature X

of attorney

. an individual

Signature X_

Title:

_ Title __

PCS2408 **CONFIRMATION PAGE** Name: Paysafe Payment Processing Solutions, LLC dba Petroleum Card Services **PROCESSOR** INFORMATION: Address: 2243 Park Place, Suite C, Minden, NV 89423 URL: www.pcspayments.com Customer Service #: _ 1-866-427-7297 Please read the Program Guide in its entirety. It describes the Terms and 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 or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are the most commonly asked. 1. Your Discount Rates are assessed on transactions that qualify for certain reduced 5. The Agreement limits our liability to you. For a detailed description of the interchange rates imposed by MasterCard, Visa, Discover and PayPal. Any transactions limitation of liability see Section 28,38.3 and 40.10 of the Card General Terms; or that fail to qualify for these reduced rates will be charged and additional fee (See Section 18 of the TeleCheck Solutions Agreement. sections 26 of the Program Guide). 6. We have assumed certain risk by agreeing to provide you with Card processing or 2. We may debit your bank account (also referred to as your Settlement Account) check services. Accordingly, we may take certain actions to mitigate our risk, including from time to time for amounts owed to us under the Agreement. termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 31, Term; Events of Default and Section 32, 3. There are many reasons why a Chargeback may occur. When they occur, we will Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Section 7), debit your settlement funds or Settlement Account. For a more detailed discussion under certain circumstances. regarding Chargebacks see Section 15 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement. 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 4. In consideration of the Services provided by us, you shall be charged, and hereby guarantors of the Agreement until all your obligations to us and our Affiliates are agree to pay us any and all fees set forth in this Agreement (for the purpose of clarity, satisfied. this includes the Application and any additional pricing supplements or subsequent communications), all of which shall be calculated and payable pursuant to the terms of 8. The Agreement contains a provision that in the event you terminate the this Agreement and any additional pricing supplements or subsequent Agreement prior to the expiration of your initial (3) years term, you will be responsible communications. If you dispute any charge or funding, you must notify us within 60 for the payment of an early terminal fee as set forth in Part IV, A.3 under "Additional days of the date of the statement where the charge or funding appears for Card Fee Information: and section 17.2 of the TeleCheck Solutions Agreement Processing or within 30 day of the date of a TeleCheck transaction. 9. Card Organization Disclosure Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A. The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834. Important Member Bank Responsibilities: **Important Merchant Responsibilities:** The Bank is the only entity approved to the extend acceptance of Visa and Ensure compliance with Cardholder data security and storage requirements. Mastercard products directly to a merchant. b) Maintain fraud and Chargebacks below Card Organization thresholds. b) The Bank must be a principal (signer) to the Agreement. c) Review and understand the terms of the Merchant Agreement. The Bank is responsible for educating merchants on pertinent Visa and d) Comply with the Card Organization Rules and acceptable law and regulations. MasterCard rules with which merchants must comply; but this information may e) Retain a signed copy of this Disclosure Page. be provided to you by Processor. f) You may download "Visa Regulations" from Visa's website at: The Bank is responsible for and must provide settlement funds to the merchant. https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf The Bank is responsible for all funds held in reserve that are diverted from You may download "MasterCard regulations" for MasterCard's website at: settlement. www.mastercarad.us/content/dam/mccom/global/documemts/mastercard-The Bank is the ultimate authority should a merchant have any problems with rules.pdf. Visa or MasterCard products (however, Processor also will assist you with any h) You may download "American Express Merchant Operating Guide" from such problems). American Express' website at: www.americanexpress.com/us/merchant Print Clients Business Legal Name: Shaan, LLC By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions (version PCS 2408) consisting of

44 pages including this Confirmation Page and the applicable Third Party Agreement(s). Interchange Qualification Matrix, American Express Program Pricing, and Interchange Schedule.

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

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:
Signature (please sign below)

Χ_	Vishesh Trehan (electronic sign	ature obtained on 1/28/2022 at 11:42:01 AM)	Title:	Owner	Date:	1/28/2022
,	Vishesh	Trehan				

Please Print Name of Signer