



Signing Rep: Morgan Withee

Sales Office Phone: 877-251-0778

Sales Rep ID: PCSA-3576-003

MERCHANT PROCESSING APPLICATION AND AGREEMENT**(Page 1 of 3)****COMPLETE SECTIONS (1-9)**

Merchant #: <u>PCS2408</u>				Loc. <u>1</u> of <u>1</u>			
(1) TELL US ABOUT YOUR BUSINESS							
If Merchant is a sole proprietorship, then the "Client's Corporate/Legal Name" should include individual's full name including first, last, and middle initial.							
Client's Business Name (Doing Business As): Hospital Discount Drugs				Client's Corporate/Legal Name (Use Also for Headquarter's Information): Hospital Discount Pharmacy Inc			
Business Address: 919 Holland Ave				Billing Address (If Different Than Location Address): PO Box 870			
City: Philadelphia	State: MS	Zip: 39350	City: Philadelphia	State: MS	Zip: 39350		
Location Phone #: 601-656-2621		Location Fax #:		Customer Service Number: Dan		Contact Name: Stone	
Business E-mail Address: StoneCC06@yahoo.com				Contact Phone #: 601-656-2621		Fax #:	
Business Website Address:				Contact E-Mail Address:			
Send Retrieval Requests / Fax Type to: ☐ Business Address ☐ Fax #:				*SIC/MCC: 5912			
Statement Type: (check one) ☐ Detail ☐ Summary Statement Delivery Method: (check one) ☐ E-Mail ☐ Online ☐ Print and Mail							
Billing to be processed ☐ Monthly ☐ Daily							

If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967, and 7841, the registration is required with Visa and/or Mastercard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or Mastercard (total registration fees could be \$1,000). Failure to register could result in fines in excess of \$10,000 for violating Visa and/or Mastercard regulations*.

*Registration for MCC 7841 is only required for non-face-to-face adult content. *Information herein, including applicable MCCs, is subject to change

(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS OPTBLUE®

Total Monthly Card Volume:	\$ 65000.00
Estimated Average Ticket / Sales Amount:	\$ 300.00
Estimated High Ticket Amount:	\$ 1000.00

(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# _____	☐ American Express Cap # _____ Franchise Name: _____
☐ Discover - Existing Retained SE # _____	☐ Non-Lic. JCB (EDC) - Existing Account # _____
☒ PIN Debit	☐ EBT FNS # (XREF): _____ ☐ EBT Cash
☐ WEX Full Acquiring ☐ WEX Non-Full Svc ☐ WEX Crossroads ☐ Voyager ☐ Tax exempt Voyager ☐ MC Fleet ☐ Fuelman ID _____	

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Year Started: <u>10/01/1985</u> ☐ Sole Ownership ☐ Partnership ☐ Non Profit/Tax Exempt ☐ Public Corp. ☒ Private Corp. ☐ L.L.C. ☐ Gov't.	
Check one: TIN TYPE: ☐ EIN (Fed Tax ID #) <u>64-0800111</u> ☐ SSN _____ ☐ D&B # _____	
NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)	
Name (as it appears on your income tax return) Hospital Discount Pharmacy Inc	Federal Tax ID#: (as it appears on your SS4 form) 64-0800111
☐ I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)	

Mag Swipe 95 % + Keyed Manually* 5 % = 100% *If 50% or more is manually keyed please provide the MOTO Addendum

Product/Services You Sell: Pharmacy

Card Present (MAG Swipe and/or Manual Imprint) <u>95</u> % + Mail Order/Direct Marketing _____ % + Phone Order _____ % + Internet _____ % = 100%
Does your business offer products and/or services to customers through a mobile application? ☐ Yes ☒ No If so, list name of mobile application: _____
Do you use any third party to store, process or transmit cardholder data? ☐ Yes ☒ No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)
If yes, give name/address: _____
Return Policy: ☐ Full Refund ☐ Exchange Only ☒ None
Will transactions be in currencies other than the U.S. Dollar (USD)? ☐ Yes ☒ No
Previous Processor: <u>Heartland</u> Your Previous Merchant #: _____
Check Reason for Changing: ☐ Rate ☐ Service ☐ Terminated ☐ Other: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: ☐ CARDnet® ☐ Nashville ☐ Bypass ☐ Other: <u>Nashville</u>		Specify Security Code: (_____)	
QTY	IP	Equipment Type	Model Code and Name
	☐	QS/1 Data Systems	
	☐		
Deployment Instructions: ☐ To Location ☐ Other Address: _____			
Profile Type: ☐ Retail ☐ Petroleum ☐ Lodging ☐ Restaurant			
Instructions: ☐ Clerk / Server Entry ☐ Retail With Tip ☐ Auto Settle Time _____ ☐ Debit Cash Back _____			
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

PCS2408

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Client Initials

DS
DS
nature_Initials_Merch

PCS2408		(6) PROVIDE YOUR OWNER INFORMATION						PCS2408			
Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business, or who otherwise has significant responsibility to control, manage, or direct your business.											
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Dan Stone			08/30/1953		587-70-5069		601-656-2621		Owner		100
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
11461 hwy 395			Philidelphia			MS	39350	StoneCC06@yahoo.com			
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
Controlling Position:			D.O.B:		Social Security #:		Home Phone:		Title:		% of Ownership:
Dan Stone			08/30/1953		587-70-5069		601-656-2621		Owner		100
Home Address:			City:			State:	Zip:	Owner's E-Mail Address: (Required for Click to Agree)			
11461 hwy 395			Philidelphia			MS	39350	StoneCC06@yahoo.com			

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge)		Authorization and AVS Fees		Other Fees	
Non-Taxable Fees:		MC Auth Fee		Early Termination Fee	
Application Fee (Non-Refundable) (32I) \$		(030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$		\$	
Account Validation Fee (182) \$		Visa Auth Fee (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$		Annual Membership Fee (294) \$	
(One-time fee charged at time of boarding)		Discover Auth Fee (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) \$		Chargeback Fee (ZZ9) \$ 20.00	
Reprogramming Fee (31A) \$		Amex Auth Fee (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$		Retrieval Fee (285) \$ 15.00	
Debit Set-up Fee (31B) \$		MC/Visa/Discover/Amex Voice AVS (039, 049, 069, 079, 03A, 04A, 06A, 07A) \$		Batch Settlement Fee (227) \$	
Billed Monthly Fees		MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 036, 037, 045, 046, 047, 065, 066, 067, 075, 076, 077) \$		EBT Purchase/Return/Decline (029,20Y,02X) \$	
Monthly Service Fee (335) \$		AVS Fee (405, 406, 407, 408, 435, 07B, 07C 03B, 03C, 04B, 04C, 06B, 06C) \$		Visa/MC/Disc Access Fee (241, 197, 526) \$	
Minimum Processing Fee (953) \$ 0.00		Fleet Card Fees		Visa Ntwk Acq Proc Fee US Cr (04H) \$	
Wireless Access Fee Per TID (60J) \$		Authorization Fees		Visa Ntwk Acq Proc Fee US DB/PP (04J) \$	
Monthly ClientLine® Fee (32R) \$		Voyager (0D0, 0D1, 0DV) \$		NABU Fee (60M, 0B4) \$	
eIDS Monthly Fee (29E) \$		WEX (0D4) \$		ACH Reject Fee (401) \$ 25.00	
Regulatory Product Fee (35I) \$		Fuelman (0B3) \$		Non Return of Equipment Fee \$	
Monthly Statement Fee (323) \$ 10.00		Other Payment Fees		Product Fees	
TIN/TFN Blank or Invalid Fee (181) \$		Voyager		TransArmor Monthly Fee (30L) \$	
(as applicable)		Sales Discount Fee (766) \$		TransArmor Trans Fee (12E) \$	
Merchant Supply Advantage (413) \$		Wright Express		Mobile Pay Monthly Fee (472) \$	
Network Access Fee - Debit (420) \$ 0.00		Sales Discount Fee (840, 841, 842, 843) \$		Monthly Gateway Support Fee (417) \$	
Monthly Advantage Fee (158) %		Datawire Micronode		**Visa/MC CCIS Enrollment ☐ (63V, 63M) \$	
Misc. Fee: () \$		1400 Monthly Fee (each) (354) \$		Premium Equipment SVC (32U) \$	
Enhanced Security Package					
Enhanced Security Pkg Monthly* () \$ 10.00					
OR					
Enhanced Security Pkg Annual* () \$					

In addition, the card brands (Visa, Mastercard, American Express, Discover, etc.) may charge various additional fees under certain circumstances, which are referred to as "pass through fees" because, if charged, are passed through by us to the Merchant. Pass-through fees may include, by way of example only, verification fees, authorization fees, international transaction fees, return fees, and data usage fees, among others.

** Commercial Card Interchange Service ("CCIS"). With CCIS, when transactions don't include any tax information, your sales tax will be computed based on the applicable rate at your location to allow you to obtain the best interchange. When the sales tax is computed on your behalf under CCIS, we will retain 50% of the interchange savings. If a transaction is fully or partially exempt, you should enter the tax amount (even if that amount is \$0.0) as CCIS applies your local tax rate to the full amount of the transaction when the prompt is bypassed.

■ **Pass Through Interchange - Includes Dues and Assessments.** You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (28) of .16%. American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$ 0.100		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)	
(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)		MC Qual Credit (800) 0.400 %		Visa Qual Credit (804) 0.400 %		Discover Qual Credit (170) 0.400 %		American Express Qual Credit (164) 0.400 %	
American Express Sales Credit Transaction Fee (013, 014) \$ 0.100		MC Qual Non PIN Debit (850) 0.400 %		Visa Qual Non PIN Debit (854) 0.400 %		Discover Qual Non PIN Debit (964) 0.400 %		American Express Program Cost (3AL) %	
Unbundled PIN Debit - Txn Fee (018) \$ 0.150		Unbundled PIN Debit Discount Fee (Key 190) 0.000 % (plus the applicable network fees)				PIN Debit Decline Transaction Fee (42R) \$			

DBA Name: Hospital Discount Drugs

Loc. _____ of _____

PCS2408	(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)				PCS2408
	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Non-Qualified Non-PIN Debit	(864) _____ %	(154, 155) \$ _____
MC Mid-Qualified Credit	(810) _____ %	(611, 612) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____
MC Qualified Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____
MC Mid-Qualified Non-PIN Debit	(870) _____ %	(140, 141) \$ _____	Discover Qualified Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
MC Non-Qualified Non-PIN Debit	(880) _____ %	(150, 151) \$ _____	Discover Mid-Qualified Non-PIN Debit	(968) _____ %	(791, 792) \$ _____
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Non-Qualified Non-PIN Debit	(978) _____ %	(795, 796) \$ _____
Visa Mid-Qualified Credit	(814) _____ %	(615, 616) \$ _____	American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____
Visa Qualified Non-PIN Debit	(854) _____ %	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____
Visa Mid-Qualified Non-PIN Debit	(874) _____ %	(144, 145) \$ _____	American Express Program Cost	(3AL) _____ %	

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qual Credit	(800) _____ %	(001, 002) \$ _____	Discover Qual Credit	(170) _____ %	(015, 016) \$ _____
MC Qual Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Qual Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
Visa Qual Credit	(804) _____ %	(005, 006) \$ _____	American Express Qual Credit	(164) _____ %	(013, 014) \$ _____
Visa Qual Non-PIN Debit	(854) _____ %	(134, 135) \$ _____	American Express Program Cost	(3AL) _____ %	
☒ Dues & Assessments (273, 274, 234, 237, 286, 27L)	☐ Bundled PIN Debit (120) _____ % (124) \$ _____	☐ Billback	Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) _____ %		

Discount Fees (Based On Gross Sales Volume)

Accept all Mastercard, Visa, Discover - PayPal, and American Express OptBlue® Transactions (presumed, unless any selections below are checked)

Mastercard Acceptance

☐ Accept MC Credit transactions only

☐ Accept MC Non-PIN Debit transactions only

Visa Acceptance

☐ Accept Visa Credit transactions only

☐ Accept Visa Non-PIN Debit transactions only

Discover Acceptance

☐ Accept Discover Credit transactions only

☐ Accept Discover Non-PIN Debit transactions only

☐ Discover Network - PayPal

☐ Discover Network PayPal Credit transactions

American Express OptBlue® Acceptance

☐ Accept American Express Credit transactions only

You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See Section 18.1 of the Program Guide).

BANKING INFORMATION

Bank Name: CADENCE BANK, N.A.

Phone Number:

Routing Number: 062206295

DDA: 5100789

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, the Your Payments Acceptance Guide, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the internet at <http://www.pcs4fuel.com>. 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 Agreement 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 by 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 the Provide More Business Data Section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. This signature page also serves as the signature page to the TeleCheck Solutions Agreement, appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being "You" and "Your" for the purposes of the TeleCheck Solutions Agreement. By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved, each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application. As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors. I further acknowledge and agree that I will not use my 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). To help the government fight the funding of terrorism and money laundering activities, Servers obtain, verify, and record certain information including your full name, physical address, and any other information needed for identity verification purposes while processing this MPA, as described in the USA Patriot Act. Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct. 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 by us and this Agreement has been accepted by Processor and Bank. Acceptance by Processor and Bank will occur upon the earlier of the execution of this Merchant Processing Application and Agreement by Processor and Bank, or the commencement of the provision of the Services by Processor and Bank.

Client's Business Principal/Officer:

Signature ☒ _____ Title Owner

Print Name of Signer BA08B4DA9E8047A... Stone

Signature _____ Date 3/8/2022

Signature ☒ _____ Title _____

Print Name of Signer _____ Date _____

Signature ☒ _____ Title _____

Print Name of Signer _____ Date _____

PROCESSOR: For Paysafe Payment Processing Solutions, LLC
dba Petroleum Card Services

Signature ☒ _____ Title: _____

Signature Approver 01

Printed Name: _____ Date: _____

BANK: Wells Fargo Bank, N.A.
(a member of Visa USA, Inc. and Mastercard International, Inc.)
By: First Data Merchant Services LLC, pursuant to a limited power of attorney

Signature ☒ _____ Title: _____

Printed Name: _____ Date: _____

(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 by:

Signature (Please sign below):

☒ Signature Guarantor 01 Dan Stone

Signature (Please sign below):

☒ Signature Guarantor 02 _____

_____, an individual _____, an individual

PCS2408

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Merchant Initials _____

PCS2408

CONFIRMATION PAGE

PROCESSOR Name: Paysafe Payment Processing Solutions, LLC dba Petroleum Card ServicesINFORMATION: Address: 2243 Park Place, Suite C, Minden, NV 89423URL: www.pcspayments.comCustomer 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 interchange rates imposed by MasterCard, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged and additional fee (See sections 26 of the Program Guide).

2. We may debit your bank account (also referred to as your Settlement 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 15 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement.

4. In consideration of the Services provided by us, you shall be charged, and hereby agree to pay us any and all fees set forth in this Agreement (for the purpose of clarity, 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 this Agreement and any additional pricing supplements or subsequent communications. 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 or within 30 day of the date of a TeleCheck transaction.

5. The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 28,38.3 and 40.10 of the Card General Terms; or Section 18 of the TeleCheck Solutions Agreement.

6. We have assumed certain risk 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 in Section 31, Term; Events of Default and Section 32, Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Section 7), 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 prior to the expiration of your initial (3) years term, you will be responsible for the payment of an early terminal fee as set forth in Part IV, A.3 under "Additional Fee Information: and section 17.2 of the TeleCheck Solutions Agreement

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:

- The Bank is the only entity approved to the extend acceptance of Visa and Mastercard products directly to a merchant.
- The Bank must be a principal (signer) to the Agreement.
- The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the merchant.
- The Bank is responsible for all funds held in reserve that are diverted from settlement.
- The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with the Card Organization Rules and acceptable law and regulations.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- You may download "MasterCard regulations" for MasterCard's website at: www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf.
- You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/us/merchant

Print Clients Business Legal Name: Hospital Discount Pharmacy Inc

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)

x Dan Stone
 BA08B4DA9E8047A... Stone

Title: Owner

Date: Signature Date Merchant
3/8/2022

Please Print Name of Signer

Certificate Of Completion

Envelope Id: 2EEA123EB4CE4F2ABE8E41ECF9DE66D3	Status: Completed
Subject: Please DocuSign: Impact PaySystem Merchant Application	
Source Envelope:	
Document Pages: 4	Signatures: 3
Certificate Pages: 4	Initials: 3
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Morgan Withee
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1164 Vickery Lane
	Suite 200
	Cordova, TN 38016
	registration@impactpays.net
	IP Address: 173.166.215.126

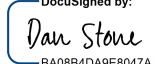
Record Tracking

Status: Original	Holder: Morgan Withee	Location: DocuSign
2/24/2022 11:33:11 AM	registration@impactpays.net	

Signer Events

Dan Stone
 StoneCC06@yahoo.com
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 BA08B4DA9E8047A...

Signature Adoption: Pre-selected Style
 Using IP Address: 12.250.70.66

Timestamp

Sent: 2/24/2022 11:46:59 AM
 Resent: 2/28/2022 11:06:34 AM
 Viewed: 3/8/2022 1:22:26 PM
 Signed: 3/8/2022 1:23:18 PM

Electronic Record and Signature Disclosure:

Accepted: 2/24/2022 2:12:44 PM
 ID: c87ea858-c7df-4e09-925a-04bb690e80a7

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	2/24/2022 11:46:59 AM
Certified Delivered	Security Checked	3/8/2022 1:22:26 PM
Signing Complete	Security Checked	3/8/2022 1:23:18 PM
Completed	Security Checked	3/8/2022 1:23:18 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

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