MERCHANT PROCESSING AGREEMENT

Merchant Application and Fee Schedule

8500 Governors Hill Drive Symmes Twp, OH 45249-1384 Phone: 888-208-7231

Fax: 877-822-1248

Please carefully complete the Application and read the Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. The Terms and Conditions can be viewed at https://empower2.fisglobal.com/npccma. Please retain the website to review the Terms and Conditions as well a copy of the Merchant Application for your records. Worldpay ISO, Inc. ("NPC") and Member Bank's acceptance of this Application will be made in a manner authorized in the Agreements and/or Terms and Conditions.

Sales Representative ID	Number (9 digit or	16 digit code)
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1	1		3	7	R		0		2	5		Bank # or Merchant Association #:											
ON	1 M	ER	СНА	NT	BUS	IN	ES	S IN	FO	RMA	TION												
				ust	Matc	h E	Bus	sines	s Ta	ax Ret	urn N	ame)			Contact Name: NICOLE MARTI	N							
												☐ Check here if Corp	orate Headqu	uarters			S.COM		Website: B3SOLU	TIONSC	WS.C	COM	
		n A	Addre	SS:											Business Billing Address: (if different from location address) 3001 MISSIONARY CT								
		S,	LA, 7	042	0										City, State, Zip: MADISONVILL	.E, L	A, 70447						
Phone #: Fax #: (504) 232-8601									Fax #:			Phone #:											
Tax	ID #:	86	6-182	2220)							1			1								
SECTION 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION																							
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Le	gal Er	ntity	/ :											Institu	ition		•	tion		□ SEC	Regi	stered Entity	
` '											it/Tax-l	Exempt (501C)		•		on							
Is Merchant a government entity or an entity at least 50% owned or controlled by a government entity? YES NO																							
						•		ne of	ow	ning o	r cont	trolling government											
								Title: Owner					SSN #: 434-59-3	356			Ownership Percentage 100						
Home Address: 301 Missionary Ct											47						2-8601						
Beneficial Owner/Officer/Principal Name: Lloyd Martin								Title: Owner	1				SSN #: 434-59-3	356	ı		Ownership Percentage						
		t													47						2-8601		
ial C)wner	/O	ficer/	Prin	cipal	Na	me	e :					Title:			DOB:		SSN #:		•	(Ownership Percentage	
ddr	ess:													City,	State, ZIP:			Ph			one #:		
ial C	wner	/O	ficer/	Prin	cipal	Na	me	e :					Title:	1	DOB:		B:	SSN #:		<u> </u>	Ownership Percent		
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ddr	ess:													City,	State, ZIP:					Pho	ne #:		
ON	3 II	ИP	ORT	۱NA	DIS	CL	LO	SUR	ES	;		Merchan	t acknowledç	jes rec	ceipt of NPC's d	ocur	nentation, which ir	ncludes M	erchant P	rocessi	ng A	greement Ver.GEN.0123	
IMPORTANT MEMBER BANK RESPONSIBILITIES: (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 (signer) to the Merchant Agreement. (3) The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. (4) The Visa Member is responsible for and must provide settlement funds to the Merchant. (5) The Visa Member is responsible for all funds held in reserve that are derived from settlement. IMPORTANT MERCHANT RESPONSIBILITIES: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa (888) 208-7231												Fifth Third Bank, N.A. c/o Worldpay LLC 00 Governors Hill Drive ymmes Township, OH 45249											
ngired b	-	tur	e ma	be	evide	enc	ced	by fa	acsi	imile)			Name (please	e print)	Lloyd Ma	rt	in				Da j e(0/22/2024	
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Legal entities can be abused to disguise involve also who own or control a legal entity (i.e., the benefit of Legal Entity: Government (Findividual/Sole chant a government entity or an entity at least 50% of checked above, list country name of owning or control of the company of the compa	ON 1 MERCHANT BUSINESS INFORMATION Is Legal Name: (Must Match Business Tax Return Name) UTIONS LLC Is Name (DBA): UTIONS LLC Is Name (DBA): UTIONS LLC Is Location Address: HWY 59 Iste, Zip: SPRINGS, LA, 70420 Iste, Lap: SPRINGS, LA, 70420 Iste, Zip: SPRINGS, LA, 70420 Iste, Lap: SPRINGS, Lap:	ON 1 MERCHANT BUSINESS INFORMATION INTONS LLC IS Logal Name: (Must Match Business Tax Return Name) UTIONS LLC IS Name (DBA): IS Location Address: HW 59 Bate, Zip: SPRINGS, LA, 70420 Fax #: 222-8601 Tax ID #: 86-1822220 ON 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION The government fight financial crime, Federal regulation requires certain financial instres. Legal entities can be abused to disquise involvement in terrorist financing, mone, als who own or control a legal entity (i.e., the beneficial owners) helps law enforceme [Legal Entity: Association/Estate/Trust Government (Federal/State/Local) LC Individual/Sole Proprietor Non-Profitent and government entity or an entity at least 50% owned or controlled by a government exceeded above, list country name of owning or controlling government entity: Owner/Officer/Principal Name: Intile: Owner/Officer/Principal Name: Intile: Individual/Sole Proprietor Individual/Sole Proprietor Individual/Sole Proprietor Individual/Sole Proprietor Intile: Owner owner/Officer/Principal Name: Intile: Intile: Intile: Individual/Sole Proprietor Intile: Intile: Individual/Sole Proprietor Intile: Intile:	ON 1 MERCHANT BUSINESS INFORMATION Is Legal Name: (Must Match Business Tax Return Name) UTIONS LLC Is Name (DBA): Check here if Corporate Headquarters UTIONS LLC Is Location Address: HWY 59 Ite, Zip: SPRINGS, LA, 70420 If ax ID #: 86-1822220 ON 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION The government fight financial crime, Federal regulation requires certain financial institutions ers. 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Legal entity: Government (Federal/State/Local) LLC Individual/Sole Proprietor Non-Profit/Tax- Individual/Sole Proprietor	ON 1 MERCHANT BUSINESS INFORMATION is Legal Name: (Must Match Business Tax Return Name) UTIONS LLC Check here if Corporate Headquarters	ON 1 MERCHANT BUSINESS INFORMATION Is Legal Name: (Must Match Business Tax Return Name) LUTIONS LLC Is Name: (DBA): LIC LEMBASSOWN LLC Is Name: (DBA): (DBA): LUTIONS LLC Is Name: (DBA):	Note Marchant Business in State Note Note	N1 MERCHANT BUSINESS INFORMATION st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC st Legal Name: (Must Match Business Tax Return Name) UTIONS LLC St Legal Name: (Must Match Business Tax Return Name) UTIONS LLC St Legal Name: (Must Match Business Tax Return Name) UTIONS LLC St Legal Name: (Must Match Business Tax Return Name) UTIONS LLC St Legal Name: (Must Match Business Tax Return Name) Intelligence Name: (Must Match Business Tax Return Name) Date Legal Name: (Must Match Business Tax Return Name) Intelligence Name: (Must Match Business Tax Return Name) Date Legal Name: (Must Match Business Tax Return Name) Date St Return Name: (Must Match Business Tax Return Name) Date Name: (Must Match Business Tax Return N	No 1 MECHANT BUSINESS INFORMATION steaps Name: (Mast Match Business Tax Return Name) UTIONS LLC Shame: (Mast Match Business Tax Return Name) UTIONS LLC Check here if Corporate Headquarters Frame InfoRA: UTIONS LLC Shame: (Mast Match Business Tax Return Name) UTIONS LLC Shame: (Mast Match Business Tax Return Name) UTIONS LLC Shame: (Mast Match Business Tax Return Name) UTIONS LLC Shame: (Mast Match Business Tax Return Name) Lord Address: NICOLE MagBSCWS COM Business Billing Address: (if different from location address) 3001 MISSIONARY CT Shame: (Mast Match Shame) Shame: (Mast Match Business Billing Address: (if different from location address) 301 MISSIONARY CT Shame: (Mast Match Business Billing Address: (if different from location address) 301 MISSIONARY CT Address: SPRINGS, LA, 70420 Fax #: Priors # (G04) 252-8601 Fax # (G04) 2	No 1 MERCHANT BUSINESS INFORMATION Is Legal Name: (Must Match Business Tax Return Name) INFORMATION IS Location Address: Starte (DBA): Location Address: Starte (DBA): Location Address: Starte (DBA): Location Address: Starte (DBA): MOSCAW/LIE, L. 70447 Starte (DBA): MOSCAW/LIE, L. 70447 Tax ID #: 86-1822220 ON 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION The government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners is Legal entities can be abused to disquise involvement in terrorist financial, money leurodering, tax evasion, corruption, fraud, and other financial crimes. 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Partnership in the Cart Legal entity of the Cart Legal entity of	No. 1 MERCHANT BUSINESS INFORMATION Is Legal Name: [Mast Matic Business Tax Return Name) UTIONS LC Standard Orders: Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Standard Orders: Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Standard Orders: Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC Surgicial Martine (Mast Matic Business Tax Return Name) UTIONS LC MADIBONYILLE; LA, 70447 Fax #: (Four # Phone	

SECTION 4 BUS	SINESS	PROF	ILE AN	ID ASS	UMPTI	ONS													
☐ Ownership or Le	gal Enti	ty Chan	ige C	lose NP	C Existi	ing MID	#:					Close Date	Existing I	MID:			Оре	en Date:	
Annual Volume (Visa/MC/DS/AX):	\$12	0,000.0	0	% Card	Preser	nt	0			% Card Swipe		0		% Imprint lly Keyed)		0		% B2B	0
Average Ticket (Visa/MC/DS/AX):	\$2	,000.00		% (Card No Preser		100	١		% МОТО	ı	100	Ç	% Internet	(0	Ç	% of International Cards	0
Highest Ticket (Visa/MC/DS/AX):	\$5	,000.00			Tota	al	100%	%					•				ı		
☐ Add'l. Location	1st Lo	ocation	MID:						□ Neve	r Accepted	Cards	☑ Proce	ssor Chan	ige - How ma	any proce	ssing stat	teme	ents are you including? <u>C</u>	<u>)</u>
Type of Goods/ Service Sold: Commercial Equipment (Not Elsewhere Classified)																			
MCC:	504	6					R (0	REFUND Check O	POLICY ne):	[∕] ☑ No Re	efund [Refund in days or le		erchandise change only	, 🗆 0	ther			
Seasonal Sales: Yes No Active Months: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC																			
SECTION 5 COMPLIANCE INFORMATION																			
Do you (MERCHANT) have a ☑ 3rd party software application/gateway or ☐ POS Terminal Do you store cardholder data? Paper - ☐ YES ☑ NO Electronic - ☐ YES ☑ NO																			
Have you ever experienced an Account Data Compromise? ☐ YES ☑ NO																			
Third Party Softwar	re/Gatev	vay Ver	ndor Nai	me and	Address	s:					Third F	Party Softwar	e/ Gatewa	ay Vendor C	ontact In	formatio	n:		
Version #		Mer	chant da	ata to wh	nich this	s vendor	has a	iccess:							Does software store cardholder information? ☐ YES ☐ NO				
PCI DSS. Merchan applicable, and (b) the PCI Program ar	t must v is comp nd the a	alidate liant wit pplicabl	its comp th the Po e fees v	oliance v CI DSS. vill be as	vith the NPC hassessed	PCI DS as creat I in acco	S and ed the ordance	provide PCI Pro e with the	NPC wit gram ("F e terms	h evidence PCI Prograi of the PCI I	that Me m") to as Program	rchant (a) ha ssist merchar . Information	is success nts in secu i on the P(fully comple iring card da CI Program i	eted a Se ata and o is set for	elf Asses complying th in Sec	sme g wi	comply with the requirent Questionnaire and ith PCI DSS. You may 15 of the Terms and 0 ta Security Standard ru	scan(s), if be enrolled in Conditions and
SECTION 6 MER	RCHAN	T BAN	K ACC	OUNT	INFOR	MATIO	N												
																		ERCHANT will receive I entracted. *Subject to sp	
Deposit Time Fram	e: 🗆 l	Premiur	m ACH	☑ Alte	ernate F	unding*	r						Deposit T	ype: 🗹 Co	ombined	□ Ву	Bat	tch	
Any ACCOUNT NU	IMBER i	ndicate	d must	be a val	id acco	unt num	ber for	r handlin	g ACH d	leposits and	d withdra	awals. If n	nore than	one account	t is indica	ated, acc	coun	nt #1 will be used for Sa	ales.
Routing #1:	0	6	5	4	0	0	1	5	3	DDA Ac	count Ty	rpe: ☑ Chec	cking 🗆	Savings					
Account #1:	0	0	6	3	2	3	6	0	6	4									
Routing #2:		•	•	•		•			DDA	Account T	ype: □	Checking	□ Saving:	S					
Account #2:									1									nt is used for: edits □ Chargebacks	

SECTION 7 FEE	SCHEDULE																
APPLICATION	☐ Tiere	d ^	☑ Flat F	Rate ¥			DISCOUNT:	☐ Daily	CARE	OPTIONS:	☐ All Car	Cards ☐ Other Cards					
TYPE:	□ Interd	change #	□ Cash	Advance			DIOCOCIVI.	☑ Monf		or none.	□ Debit C	Debit Card Only					
BUSIN	NESS TYPE	□ Retail □ Re	estaurant	☑ Mail/Te	elepho	ne Or	der ** □ Inte	rnet **									
SUB BUSIN	NESS TYPE	□ Retail Key En	tered **	□ DialPay	/ Capt	ure **	□ MOTO/Ca	ardSwipe **	□ Large Ticket								
VISA/MASTERO	Rate	Discount F	Rate	Tra	nsaction Fee	AMEI	RICAN EXPRES	SS Rate Category*	С	Discount Rate	Trar	nsaction Fee					
Base				3.84	%	\$	0.00	Base				3.84 %	\$	0.00			
Mid-Qualified 1 (Not Applicable for Reta Merchants)	y +		%	+\$		Mid-Qualit	fied ¹		+	0.00 %	+\$	0.00					
Non-Qualified	+	0.00	%	+\$	0.00	Non-Quali	fied ²		+	0.00 %	+ \$	0.00					
Base Debit NON PIN-Based ³ (Same as V/MC/D Discount Rate if left blank) Regulated Only ⁶ □									Miscellaneous P	roduct I	Fees						
☑ Debit PIN-Bas	sed ⁴	Monthly Hosting \$ 0.00		0.00	%	\$	0.00	□ Wireless									
		,				Sam	e as Visa/MC/	Quantity	Setup Fee	Monthly Hosting Fe	e Tra	ansaction Fee					
Qualified Rewar	rds ⁵			3.84	%		Discover nsaction Fee		\$	\$	+\$						
Transaction fees ar	e charged for	all transaction auti	horization	attempts.				□ Micros ³									
¹ Added to Base di								Quantity	Setup Fee	Monthly Hosting Fe	Tr/	ansaction Fee					
² Added to applical ³ Transaction fee is					Nam (٠ <u>- اند</u> ن	! 4	,	·	, ,							
fee, regardless of ti			se, iviid-Q	Jaillied, or	Non-C	Juaiiii	ed transaction		\$	\$	+ \$	0.00					
⁴ Debit Network Intwill be assessed or	erchange, speal	onsorship, switch a Merchant at the the	and gatewa	ay fees, ar rate deterr	nd any mined	misce in acc	llaneous fees ordance with	□ Internet S	ervices ³								
NPC's standard op	• .							Quantity	Setup Fee	ransaction Fee Batch Fee							
Same as Mid-Quality NPC (Not Application)									\$	+ \$		\$					
^TIEDED MEDGIL	ANTO ONLY	Communical Count	4	414 -1-		446				:::::::::::::::::::::::::::::::::::::::	<u> </u>	-f 0 F00/ /0 00)50)				

"TIERED MERCHANTS ONLY - Commercial Card transactions that do not meet the requirements to qualify for preferred rates will be assessed an additional fee of 0.50% (0.0050) on such sales volume. ⁶Regulated applies to all Base NON PIN debit transactions from exempt issuers will fall under the Base V/MC/D discount rate. If a rate is identified but the Regulated Only box is not checked, then this rate applies to all Base NON PIN debit transactions. **If the Retail Key Entered/MOTO/Internet/DialPay Business Type is selected, Rewards cards will be charged discount rates plus 0.11% (0.0011) on all transactions. NPC's processing fees and Card Brand interchange

Entered/MOTO/Internet/DialPay Business Type is selected, Rewards cards will be charged discount rates plus 0.11% (0.0011) on all transactions. NPC's processing fees and Card Brand interchange lees are included in the discount rate. All other Card Brand fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures

INTERCHANGE MERCHANTS ONLY - CARD ORGANIZATION FEES: Visa, MasterCard and Discover Interchange fees, assessments and other fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures.

* FLAT RATE MERCHANTS ONLY - CARD ORGANIZATION FEES: All fees are included in discount rate and transaction fee above except fees related to International transactions. Does not apply to American Express.

*AMERICAN EXPRESS - Existing American Express Number 🗆 YES 🗵 NO 🔝 If Yes, Existing American Express Account Number:

Annual Estimated or Actual American Express Volume is less than \$1,000,000.00 ☑ YES ☐ NO

If No, then you are not eligible for the American Express Program unless the MCC is excluded according to current American Express OptBlue Program limitiations. If No and your volume decreases to less than \$1,000,000, you may be converted to the American Express OptBlue Program unless you have opted out.

 $\hfill \square$ By checking this box, you elect to opt out of the American Express Program

☑ By checking this box, you elect to opt out of receiving American Express Marketing Materials

SECTION 8 OCCURRENCE FEES

□Group Annual	\$0.00	Charged in the Month of	ACH DBA Change Fee		/each	Global FFE Auth	\$0.00 /each		
		October	Retrieval Request	\$5.00	/each	□Advantage Buyer Program	\$0.00 /month		
□Regulatory & Compliance Fee ⁵	\$0.00	Charged Annually in the Month of	□Minimum Bill	\$0.00	/month	TSYS FFE Auth	\$0.00 /each		
□Card Brand Usage Fee (NABU) -	\$0.00	March /each	— □Semi Annual Fee \$0.0	ድር ርር	Charged in the Months of	☑Paper Statement	\$25.00 /month		
MasterCard ³	ψ0.00	/cacii	⊔Semi Annual Fee	\$0.00	October and 6	□Welcome Kit	\$0.00 /once		
□Card Brand Usage Fee (NABU) - Visa ³	\$0.00	/each		00.00	months thereafter /once	Monthly Terminal Fee ²	\$2.99 /month		
□Application Fee	\$0.00	/once	□Early Deconversion Fee ¹			<u> </u>			
On File Fee	\$10.00) /month	Chargeback Fee	\$10.00 /each		PCI PROGRAM			
Batch Fee	\$0.00	/per batch	□Address Verification	\$0.00	/each	☑SaferPayments Basic ⁴	\$0.00 /month		
Voice Authorization Fee	\$0.95	/each	□Regulatory and Compliance Fee ⁵	\$0.00	/annual	□SaferPayments Managed ⁴	\$0.00 /month		

Return ACH(s) are subject to a \$25.00 fee for each occurrence.

1099 K Reporting is provided at No Charge

¹The initial term of the Merchant Agreement is 3 years and automatically renews for additional 3 year periods. If this Agreement is terminated prior to the expiration of the initial term or any renewal term, you will be subject to an Early Deconversion Fee ("EDF") in accordance with the terms of Section 7.B of the Terms and Conditions. If limited by state law, these fees may be modified in accordance with Section 7B of the Terms and Conditions.

²Monthly Terminal Fee of \$2.99 will be assessed per month on all next-generation terminals, as applicable.

³The Card Brand Usage Fee (NABU) includes the MasterCard Network Assessment and Brand Usage Fee, the Visa Acquirer Processing Fee, and the Visa Base II Transaction Fee and applies to Tiered Merchants Only.

⁴See Section 15 of the Terms and Conditions for additional information. In addition, Merchant may be charged a PCI Non-Compliance fee of \$74.95 per month per MID if not in compliance with PCI Rules and Regulations. Please refer to Section 6.G of the Terms and Conditions.

⁵See Section 13 of the Terms and Conditions for additional information.

SECTION 9 UNLIMITED PERSONAL G	UARANTY AND CREDIT INFORMAT	FION AUTHORIZATION									
PERSONAL GUARANTEE: In exchange for N "Guarantor") is signing this Merchant Agreeme bound by the Continuing Unlimited Guaranty p Continuing Guaranty provisions. Each Guaran of him or her by utilizing a third-party credit rep by reference as if fully set forth herein and has	ent as a Guarantor of the Merchant ident provisions starting in Section 11 of the Te ntor individually authorizes NPC, Member porting agency and/or to obtain a crimina	tified on page 1 of the Merchant A erms and Conditions, and (ii) ackn er Bank, and/or either of their repre al background check. Guarantor a	greement. By signing below, each Guar lowledges and confirms that, prior to sign esentatives to conduct an initial and ong	rantor (i) accepts and agrees to be ning, he or she received and read those oing comprehensive credit investigation							
Authorized Signature of Guarantor: (Do Not In		Guarantor Name:									
		Lloyd Martin	,	Date of Signature:							
Signed by:				10/22/2024							
Home Address 301 Missionary Ct			City, State, ZIP: Madisonville,LA 70447								
	ocial Security Number: 34-59-3356	Phone #: (504) 234-9495									
SECTION 10 PATRIOT ACT AND BACKGROUND AUTHORIZATION											
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. The undersigned entity(ies) and individuals hereby unconditionally authorize NPC and Member Bank or its agents to (i) investigate the information and references contained herein, and to obtain additional information about the Merchant and such individual(s) by pulling credit bureau and criminal background checks on the Merchant and its principals, including obtaining reports from consumer reporting agencies on individuals signing below as an owner or general partner of Merchant, or providing their Social Security Number on the Application (if such individual asks NPC or Member Bank whether or not a consumer report was requested, NPC and/or Member Bank will tell such individual and, if NPC and/or Member Bank received a report, NPC and/or Member Bank will give the individual the name and address of the agency that furnished it) and (ii) update such information periodically throughout the terms of service of the Merchant Agreement. By providing your SSN and signing this Application, you, in your individual capacity, unconditionally authorize NPC and Member Bank to obtain your consumer credit report.											
SECTION 11 MERCHANT ACKNOWLED	DGEMENTS AND SIGNATURE										
Merchant agrees to and accepts the terms and conditions set forth in this Application and the Terms and Conditions which are incorporated herein by reference (GEN.0123) as if fully set forth herein (collectively, the "Merchant Agreement") and acknowledges receipt of all parts of the Merchant Agreement. Merchant acknowledges that no handwritten changes have been made to the printed text of the Merchant Agreement and that the parties may produce and rely on a copy or electronically stored image of the Merchant Agreement for all legal purposes. Merchant represents, warrants and certifies to NPC and Member Bank that it has reviewed all pages of this Application, that all information provided herein is true, correct and complete and that NPC and Member Bank may rely on the information contained in this Application, without further investigation, for all purposes. Merchant acknowledges and agrees that NPC and Member Bank are in no way responsible or liable for the actions, inactions, performance or lack of performance of any third party provider or independent sales representative. Merchant represents that it has chosen for itself any services, equipment or third party selected in connection with the Merchant Agreement, and it has not relied on any promises, representations, warranties, or covenants of the independent sales representative, NPC or others. Merchant acknowledges and agrees that the Merchant Agreement shall not be altered by any prior, contemporaneous or subsequent oral representations made by any party. Merchant further authorizes the release of Merchant information in accordance with the provisions of Section 10 of the Terms and Conditions. If Merchant does not want to participate in the American Express Program, the applicable Opt Out Box has been marked.											
IN WITNESS WHEREOF Merchant has cause Agreement shall be binding upon Merchant up				ne Terms and Conditions. The							
MERCHANT											
Signature (Signature may be evidenced by fact X	csimile)	Name (please print) Lloyd	^{Date} /22/2024								

SECTION 12 EQUIPMENT SETU		PDC	OVIDER		PROVIDER CODE: NP		PROVIDER	ant 30	- Sales			- iviel	PROVIDER	
TERMINAL	QT		ODE	PR	RINTER		CODE			PIN PA	ND.		CODE	
POS Software or Gatewa	y 1	ı	MER								□NEW □EXCHAN			
											□NEW □EXC	HANGE		
0.0			10.1				<u> </u>				□NEW □EXC			
Other:	Provider	Code:	Other:			Pr	ovider Code:	Ot	her:			Provide	er Code:	
	SOFTWARE NAI TSYS (ISSUING		SING)		PUBLISH TSYS (IS		PROCESSING)			VERSION (ALL)				
EQUIPMENT OPTIONS		THI	E DEFAUI	LT SELECTIO	N WILL BI	1	ED FOR ANY OF	PTION	NOT SEL	ECTED BE	LOW			
□RETAIL/MOTO						□RES1	TAURANT	Γips		NO	□CASH ADV	ANCE		
AVS □ YES □ N	0	Auto	o-Close++	☐ YES ☐ N	Ю		Serv		☐ YES ☐					
Last 4-Digits ☐ YES ☐ N		Store N	TIME V Forward	□ YES □ N					□ YES □		FUEL DYES	S □NO		
CVV 2 ☐ YES ☐ N Purchase ☐ VEQ ☐ N		Otore i	Pre-Dial				-			NO	PASSWORD	PASSWORD		
Card/Level 2 YES N		C	Cash Back				Suggested	Tip	□ YES □	NO				
Invoice # Prompt ☐ YES ☐ N PBX Code ☐ 8 ☐ 9	O		Cash Back			□FAST	PAY (FPS)				All □ YES Void □ YES			
Multi-Merchant □ YES □ N	0	ivia	x Amount	_			□Both receipts si	•			Return		ES 🗆 NO	
First Merchant				Alternate Fundi			∃Both receipts N ⊒NO receipts un				Settlemen	ES □ NO		
MID ————————————————————————————————————		to be no	o later tha	n 7:30 p.m. CS	<u> </u>	Wireles	s ID:				Othe			
Custom neader / Footer.						Commo								
						Comme	ents:							
EQUIPMENT SHIPPING INSTRUCT	TIONS		quired <u>O</u>		ed throug	h NPC -	Default shippi	ng op	otions (in	dicated by	*) will be app	olied fo	r any option	
Ship To:	☑ Do N	ot Ship □	Merchant	Location [*] □	ISO Locati	ion □ Oth	ner		□ 1-3 □	□ Over Priority	Night ∗ □ G	Ground	□ Saturday	
Attn:									Paymer	nt For Equipr	ment Will Be:			
Auti.									□ Leas	e □ Che	eck □ Cash	□ Vis	a □ MC	
Address:											ex □ 30 day (
City:	State:	Zip:		Phone #:			☐ Special Instru	ctions:						
NPC TO REPROGRAM/TRAIN MER	RCHANT? □YE	S ☑NO												
NPC TO SHIP WELCOME KIT?	□YES ☑NO													
WELCOME KIT SHIPPING INSTRU	CTIONS						Required	d if we	Icome kit	is shipping	to separate ac	ldress f	rom above	
Ship To: □Merchant Location *	□ISO Location	□Other					Attn:				Phone #:			
Address:							City:				State:		Zip:	
SECTION 13 SITE INSPECTION IN	IFORMATION													
I represent and warrant that the inf	ormation set for	th in the ap	pplication i	s true and accı	urate to the	best of r	ny knowledge. In	additio	on, I hereb	y certify that	(check which ap	plies):		
☑ I have physically inspected the					Busine	ss / Inve	ntory / Shipmen	nts:						
address, personally confirmed the Owner/Officer Information Section					Does bu	usiness a	ppear as represe	ented?	•		☑YES	[□NO	
□An NPC approved third party sit					Is busin	ess oper	and operating?				☑YES	[□NO	
15 days of my signature below or						•	cient for business				☑YES		□NO	
needed.					•		ervices delivered ces charged to c			ale?	□YES ☑Order		ZNO ∃Shipment	
☐ I have not physically inspected verified the validity of the business identity of the person listed under	Are goo	d and se	rvices delivered ped, is a Fulfillm			□Digitally	☑Physica	ally [⊒Snipment ⊒Both ℤNO					
If Fulfillment House is used, ple	ase complete	he follow	/ing:		goods	. a. o onip				·				
Fulfillment House Name and Addres	S:								Fulfillme	ent House Co	ntact Information	:		
Is Fulfillment House PCI DSS Comp	liant? □YES ☑N	0		% of s	shipments b	y this ver	ndor							
Location Type: □Retail Store From	nt ☑Office Bui	lding □F	Residence	□Industrial	Building	□Trade	Show							
Sales Organization: IMPACT PAYSYS	STEM LLC		les Rep gnature:	Docusigned by: Anna Bourseois						lication :: 10/22/202	10/2	2/202	24	