Front Cover Sheet

Business (DBA): Superior CDD
Contact First Name: Sherri Mardy
Contact Last Name: Mardy
Business Address: 5305 Isabelle Ln.
City: Haltom City State: TX Zip: 76117
Business Phone #: 817-907-0090
Rep Number:

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- ☐ Complete Company Application – Signed application reflecting the current ownership.
- ☐ PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
  - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
    - o Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.
- ☐ Complete Company Application Sales Worksheet (1 page)
- ☐ Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents
- "Certified" Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents
- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies
- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies
- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
  - o Company's name must be displayed on the website
  - o Clear posting of the company's Customer Service Telephone Number / email address
  - o Refund/Return policy
  - o Delivery methods and timing
  - o Privacy policy
  - o Products/Service prices listed
  - o Secure Checkout page
  - o Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company
- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION

1 COMPANY INFORMATION

♦ DBA NAME: ~~Superior CDD LLC~~ ~~Sherri Moody~~ Superior CDD LLC

CONTACT NAME: Sherri Moody

♦ DBA ADDRESS TYPE: ♦ DBA ADDRESS1 (NO PO BOX): 5305 Sabelle Ln.

DBA ADDRESS 2:

♦ CITY: Haltom City ♦ STATE: TX ♦ ZIP CODE: 76117

♦ COUNTRY OF PRIMARY BUSINESS OPERATIONS: U.S.

♦ BUSINESS COUNTRY OF FORMATION: U.S. ♦ DBA PHONE #: 817-907-0090

♦ EMAIL ADDRESS: Sherri m760@yahoo.com DBA FAX #:

YEAR ESTABLISHED: 2018 MOBILE PHONE #:

♦ LENGTH OF CURRENT OWNERSHIP: YEARS, 2 MONTHS

CIP EXEMPTION:

BENEFICIAL OWNER EXEMPTION:

2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)

☐ MAILING ☐ SHIPPING ☐ SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)

LOCATION NAME: PHONE #:

CONTACT: FAX #:

ADDRESS: CITY: STATE: ZIP CODE:

STATEMENTS/ RETRIEVALS /CHARGEBACKS

STATEMENTS: ☒ DBA OR ☐ MAILING OR ☐ W-9 AUTO SEND: ☐ YES ☐ NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)

RETRIEVALS: MAIL TO: ☒ DBA ☐ MAILING OR FAX TO: ☐ DBA ☐ MAILING OR EMAIL TO: OR ☐ ONLINE CASE MANAGEMENT (OCM)

CHARGEBACKS: MAIL TO: ☑ DBA ☐ MAILING AND FAX TO: ☐ DBA ☐ MAILING OR EMAIL TO: OR ☐ ONLINE CASE MANAGEMENT (OCM)

3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)

♦ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % ☐ AUTHORIZED SIGNER ☐ SOLE PROPRIETOR

♦ ADDITIONAL BENEFICIAL OWNERS? ☐ RESPONSIBLE PARTY TITLE: IF OTHER:

♦ FIRST NAME: Sherri Moody ▸MIDDLE NAME: ♦ LAST NAME: Moody

♦ ADDRESS TYPE: ♦ ADDRESS (NO PO BOX): 5305 Sabelle Ln.

♦ CITY: Haltom City ♦ STATE/PROVINCE: TX ♦ ZIP/POSTAL CODE: 76117 ♦ COUNTRY: U.S.

♦ DOB: 7/24/60 ♦ US PERSON: ▸PHONE #: 817-907-0090

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS

▸HOME ADDRESS: ▸CITY: ▸STATE: ▸ZIP CODE:

▸ID TYPE: SSN 455317123 ▸ID #: EIN 83-3070991 ▸IF OTHER- ID TYPE:

▸IF OTHER ID #: ▸IF OTHER ID - COUNTRY OF ISSUANCE: ▸IF OTHER GOVERNMENT ISSUED - ID NAME:

♦ IDENTIFICATION DOCUMENT: Drivers license ▸ ISSUING COUNTRY (IF APPLICABLE): ▸ ISSUING STATE (IF APPLICABLE): TX

♦ DOCUMENT #: 04490898 ▸ ISSUE DATE: ▸EXPIRY DATE:

PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. ☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

OTHER COMPANY INFORMATION

♦ AVERAGE SALE AMOUNT: $ 50

♦ HIGH SALE AMOUNT: $ 500

♦ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:

♦ TOTAL **MONTHLY** VISA/MC/AMEX/DISC/UNIONPAY SALES: $ 25,000

♦ ANNUAL REVENUE: $

♦ INDUSTRY TYPE: BCD oil

♦ DESCRIPTION OF PRODUCT/SERVICES OFFERED:

SPECIAL PROGRAM MCC ONLY:

WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?
IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)

☒ CARD PRESENT 100%
☐ CARD NOT PRESENT 100%*
☐ INTERNET 100%*
☒ OMNI COMMERCE

OMNI COMMERCE (MUST TOTAL 100%)
CARD PRESENT 90 %
CARD NOT PRESENT* 10 %
INTERNET* _____ %

▸INTERNET : PRODUCT WEBSITE:

▸INTERNET: "CONTACT US" EMAIL:

*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW
▸CUSTOMER SERVICE PHONE #:
▸PREVIOUS PROCESSOR:

IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)

☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)

♦ DEPOSIT BANK NAME: Chase	♦ ABA/ROUTING #: 111000614	♦ DDA ACCOUNT #: 259886183
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT)	ABA/ROUTING #	DDA ACCOUNT #
TAPE ID (OPT)	☑ FAST TRACK FUNDING	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)

☑ ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*

☐ VISA CREDIT ☐ VISA DEBIT ☐ MASTERCARD CREDIT ☐ MASTERCARD DEBIT ☐ DISCOVER* ☐ UNIONPAY ☐ AMEX

PRICING CATEGORY

☑ RETAIL ☐ MOTO/INTERNET
☐ RESTAURANT ☐ ARU
☐ LODGING ☐ OMNI COMMERCE
☐ SUPERMARKET (TIERED & EICP ONLY)

PRICING INFORMATION

RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.

☐ TIERED OR ☐ ENHANCED IC PLUS	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
QUALIFIED	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
MID QUALIFIED	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
NON QUALIFIED	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
OTHER TIER	☐ CHECK CARD (T-opt /EIC-req)	☐ SPRMKT (T-opt/EIC-NA)	☐ QPS/SMALL TKT (T-opt/EIC-NA)		
	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
REWARDS TIER (T-opt / EIC-req)	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
COMMERCIAL CARD TIER (T-opt /EIC-req)	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___

PASS THRU: ☐ IC PLUS OR ☐ IC DIFF	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
MARKUP	40 % + $.10	40 % + $.10	40 % + $.10	___% + $___	70 % + $.10

☐ DIFFERENTIAL	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
QUALIFIED	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___
NON QUALIFIED	___% + $___	___% + $___	___% + $___	___% + $___	___% + $___

*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE**
**PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.

FEES

APPLICATION FEE	$ 95
INSTALLATION/TRAINING	$ -
RETURN ITEM FEE/NSF (PER OCCUR)	$ 25
ACCOUNT MAINTENANCE	$ 10
CHARGEBACK (PER OCCUR)	$ 15
ANNUAL FEE START DATE	$ -
MONTHLY MINIMUM	$ 25
MONTHLY SERVICE FEE	$ -
OTHER: Wireless Fee	$ 15
OTHER	$
OTHER:	$
OTHER	$
STATEMENT ☐ ELECTRONIC OR ☐ PAPER	

PRICING PROGRAMS

MONETARY PROGRAM:

AUTH PROGRAM:

EQUIPMENT: 59999
MISCELLANEOUS: 59999

AUTHORIZATIONS (PER OCCURRENCE)

VISA	$ .25	UNIONPAY	$	VOICE AUTH TOUCH TONE	$
MASTERCARD	$ .25	WEX	$	VOICE- OPERATOR ASSISTED	$
DISCOVER	$ .25	DIAL COMMUNICATION	$	VOICE – WITH AVS	$
AMEX	$ .25	OTHER:	$	VOICE – BANK REFERRAL	$

SAFE T SERVICES BUNDLE

☐ ASSOC COMPLIANCE
☐ SAFE T SILVER
☐ SAFE T GOLD
$
Per month, taxes and other fees may apply, see company representation and certifications)

PIN DEBIT

MONETARY: ☐ PASS THROUGH (ICDIF) ☐ PASS THROUGH (ICPLS) ☐ SURCHARGE (FLAT RATE) | AUTH ☐ PASS THROUGH (INTERCHANGE PLUS MARKUP) ☐ FIXED (FLAT RATE)

APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM ($) ___% + $___ AUTH $___ | PIN DEBIT MONTHLY FEE $ ___

INTERLINK ___% + $___ AUTH $___	MAESTRO ___% + $___ AUTH $___	UPDBT ___% + $___ AUTH $___	ACCEL ___% + $___ AUTH $___
AFFN ___% + $___ AUTH $___	ALASKA ___% + $___ AUTH $___	CU24 ___% + $___ AUTH $___	NETS ___% + $___ AUTH $___
NYCE ___% + $___ AUTH $___	PULSE ___% + $___ AUTH $___	SHAZAM ___% + $___ AUTH $___	STAR ___% + $___ AUTH $___

OTHER CARD TYPES EXISTING

AMEX	SE # (10 DIGITS):	PER AUTH: $ .25	EBT	SE # (7 DIGITS)	PER AUTH: $
OTHER	SE #	PER AUTH: $	OTHER	SE #	PER AUTH: $

☐ WEX (ADDITIONAL PAPERWORK REQ)
☐ VOYAGER (ADDITIONAL PAPERWORK REQ)

POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWORK: ☒ ELAVON ☐ OTHER

☐ A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:

COMMUNICATION METHOD (IP DEFAULT): ☐ DIAL

VAR SERVICE PROVIDER (HOSTED):

VAR (DISTRIBUTED): VENDOR: PRODUCT: VERSION:

OF TIDS 1 TID TYPE OMNI ONLY:

OF TIDS TID TYPE OMNI ONLY:

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	Verifone 680			$	$	$	$	☒	☐	☐
				$	$	$	$	☐	☐	☐
				$	$	$	$	☐	☐	☐
				$	$	$	$	☐	☐	☐
				$	$	$	$	☐	☐	☐
				$	$	$	$	☐	☐	☐

ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. ☐ SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

☐ SATURDAY DELIVERY ☐ NEXT DAY AIR ☐ 2ND DAY AIR

ELAVON BILLS ONE TIME FEES

Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Servicer, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services

ADDITIONAL POS SERVICES:	DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE
		$	$	$	$
		$	$	$	$

TERMINAL PROGRAMING INSTRUCTIONS *(DO NOT USE FOR CONVERGE – THIS INFORMATION IS COVERED DURING TRAINING)*

☒ RETAIL (AUTO CLOSE DEFAULT) ☐ QUICK CLOSE ☐ STORE AND FORWARD ☐ NO SIGNATURE ☐ CONTACTLESS (+ NO SIGNATURE)

☐ RESTAURANT (QUICK CLOSE DEFAULT) TIP FUNCTION (DEFAULT) ☐ FINE DINING ☐ TAB FUNCTION

☐ CARD NOT PRESENT (AUTO CLOSE DEFAULT) ☐ QUICK CLOSE ☐ LODGING (QUICK CLOSE DEFAULT) ☐ QUICK STAY

☐ TERMINAL AUTO CLOSE (RTL, MOTO) ____ TIME ZONE ____ ☐ CASH BACK PIN DEBIT (RTL): $ ____ (MAX)

☐ CUSTOM FOOTER: ____

CUSTOM PROMPTS: *(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)*

☐ NO TIP (REST) ☐ NO SERVER PROMPT (REST) ☐ CLERK PROMPT (RTL) ☐ REMOVE SECURITY PROMPTS (FORM REQUIRED) ☐ TIP FUNCTION WAITER (RTL)

☐ TIP FUNCTION CASHIER (RTL)

TRAINING (DEFAULT = NO TRAINING): ☐ TRAINING

PHONE INFORMATION: ACCESS #: CONTACT NAME: CONTACT PHONE #:

REPORT TOOLS

☐ MCP ONLY OR ☐ MCP WITH OCM MONTHLY FEE $ ____ SET UP FEE $ ____ # USERS ____ SET UP TYPE (CHECK ONE) ☐ MID ☐ CHN ☐ ENT

☐ ACS MONTHLY FEE $ ____ SET UP FEE $ ____ REMOTE ID ____

SUBSTITUTE FORM W-9

☐ SOLE PROPRIETOR ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ UNINCORPORATED ASSOCIATION

☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ GOVERNMENT ☐ TRUST ☐ ESTATE

☒ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C= C CORPORATION, S= S CORPORATION P=PARTNERSHIP): D (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME*: Superior CDD LLC

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX): 5305 Sabelle Ln. OR TIN (EMPLOYER ID #):

CITY: Haltom City STATE: TX ZIP: 76117 OR TIN (SOCIAL SECURITY #):

5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. ***The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document*.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply *with the Agreement, and all applicable laws, rules, and regulations including the rules and* regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.

All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of $59.99 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

Under penalties of perjury, Company certifies that:

1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person.**

4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

*** By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.**
****The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.**

SIGNATURE: X Sherri Moody	PRINTED NAME: Sherri Moody	TITLE: Owner	DATE: 1/4/19
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X Sherri Moody	PRINTED NAME: Sherri Moody	DATE: 1/4/19
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME: Daniel Hughes	REP ID #:	DATE:
REP PHONE #: 916-548-6658	REP EMAIL: dhughes@accmerchantsolutions.com	ELAVON USA-MSP-ELV-1018	