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

APPLICATION FOR MERCHANT AGREEMENT

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

Processor's Sales Rep Name: Impact Vaulted CP

PEDIATRIC DENTAL SPECIALISTS	OF LAFAYET	TE LLC		PEDIATRIC DENTAL SPECIALIST	S OF LAFAYETTE
Merchant Legal Business Name				DBA Name	
854 KALISTE SALOOM RD STE B				854 KALISTE SALOOM RD STE B	l .
Mailing Address				DBA Address (Physical, No PO Box	ces)
LAFAYETTE	Louisiana	70508		LAFAYETTE	Louisiana 70508
City	State	Zip		City	State Zip
3377221510				3377221510	
Legal Phone #	Legal Fax #			DBA Phone #	DBA Fax #
331485987	3 M _{Yrs.}	3 M _{Mos.} New b	usiness New owner Seaso	nal? Yes No List months	
Federal Tax ID # (Must be 9 digits)	Length C	Owned	Business License	Date Opened: 08 may	2025
		Δ		·	ttps://www.lafayettepediatricde
Merchant State registration		E-mail Address: 🖺	LEXIS@LAFAYETTEPEDIATRICE	o site Address:	mpo/
Any prior No	Yes If yes:	Personal Busi	ness If yes, how long		
Type of Sole Propr	rietorship 🔳 L	LC Partnership	Ltd Partnership Corp. checl	one: Public Private Non	Other
7			,		
Business Type					
PEDIATRIC DENTAL SERVICES		ucts/services; card cl	narging policies; delivery method	ds; whether own/finance inventorypr	rovide separate pages if needed): 3377221510
PEDIATRIC DENTAL SERVICES Mailing Address (select Le					
PEDIATRIC DENTAL SERVICES Mailing Address (select Le	egal DBA	Location Contact:			
PEDIATRIC DENTAL SERVICES Mailing Address (select Le Le Refund/Return Policy No refund Refund in 30 days	or less Me	Location Contact:	ALEXIS DEJEAN		
PEDIATRIC DENTAL SERVICES Mailing Address (select Le Le Refund/Return Policy No refund Refund in 30 days American Express Disclosure	or less Me	Location Contact:	ALEXIS DEJEAN Other:		3377221510
PEDIATRIC DENTAL SERVICES Mailing Address (select Le Refund/Return Policy No refund Refund in 30 days American Express Disclosure The "NCR" party listed throughout to NCR Payment Solutions, LLC	or less Me	Location Contact:	ALEXIS DEJEAN Other:	Phone #	3377221510 rican Exper ss sales on your beha
PEDIATRIC DENTAL SERVICES Mailing Address (select Le Refund/Return Policy No refund Refund in 30 days American Express Disclosure The "NCR" party listed throughout to NCR Payment Solutions, LLC	or less Me	Location Contact:	ALEXIS DEJEAN Other:	Phone #	3377221510

Trade / Business References

Account #

Trade Name

Phone #' (No 800 #s)

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PATRIOT ACT / Site Survey PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (*In Section II, Driver's License required -- use other ID only if no Driver's License issued.) Section II: Individual Form of Identification Section 1: Business Form of Identification Applicable Items Reviewed: Applicable Items Reviewed: **Business Name:** Date and Place of 007955291 Govt Issued Business License Drivers License: Name: SETH DEJEAN Tax Return State ID: Date of Birth: 08 feb 1985 Corporate Resolution ID/Tax ID Number: 331485987 Passport: DL/ID#: 007955291 **Entity Agencies** Military ID Date of Issuance Mexican Consulate **Business financial Statement** Expiration Date: State of Issuance: Partnership Agreement Expiration Feb 08, 2028 110 CRESCENT RIDGE PLACE Type Fin'l S't Resident Alien ID: Address: Section III On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s)) Address of location inspected: DBA Address Legal Address URL listed in eCommerce addendum Other Address: Does inventory volume appear to be sufficient? Yes No Does name posted at business match name on application Yes No Are store hours posted? Yes No Number of employees:/td> Does location have appropriate business signage Yes No Did you view merchant's inventory? Yes No Get Samples? Yes No Did you get Interior/exterior photos? Yes No Was inventory consistent with merchant's type of business? Tyes Comments: * Signature of Sales Representative: Date: * By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable. Principal Information Principal's Title Date of Birth Ownership % of Time Social Security # (Processor's privacy Residential Address Residential (City, State, Zip) Phone # Name % / Years Spent In policy for collection and use of social Business security numbers can be found at www.securebancard.com) 110 CRESCENT RIDGE PLACE SETH 100/3 OWNER ****9605 3374170601 DEJEAN MONTHS AFAYETTE, LA, 70503 **Bank Information** Name of Financial Institution Account number Phone # Contact Routing # Date Opened FIFTH THIRD BANK ******0993 042000314 *AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK Please select one for ACH account type listed above: ☐ Checking account ☐ Savings account ☐ Bank GL account

Product Sold

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

Processing Information				CD	
9					
Card Types Accepted:	All Disc	a/MasterCard/Discover Cards cover Cards an Express ** /Carte Blanche**	☐ Visa ☐ Mas ☐ Visa	sterCard Credit Cards a a Credit Cards and Bus sterCard Debit cards on a Debit cards only Based Debit/EBT Card	nly
Projected total annual sales \$. Projected Visa/MC/DISC/Ame Monthly \$150000.00Annual \$_ Projected Visa/MC/DISC/Ame	x Sales	Electronic card-swiped transact Electronic key-entered (with in Electronic card not present (w. OR Touch-tone card not present (v. Touch-tone card not present (v.	nprints) /out imprints) with imprints) no imprints)	95 % 5 % 	Projected avarage Visa/MC/DISC/Amex ticket size 350 Do you use a 3rd party fulfillment No Yes If "yes" Contact name and phone num
\$5000.00		Mail/Telephone Order (card no eCommerce (card not present		% %	Name: Phone:
		, , ,	•		r none.
		NOTE: TO	OTAL (must equal 1	00%)	
If processing via mail, phoi if applicable, provide: video (To Do you authorize carrier to deli	V), audio tape (Rad	ly copy of print advertising, catalog io or IVR), and Web-page screen p nature?	gs and brochures. prints/URL(Internet).	<u> </u>	Do you bill your customer prior to goods b shipped? If yes, how many days?
•		arketing Catalog Internet \(\)	Mond of month Dub		
Have you ever accepted credit statements. If you are a MO/TO	t cards before? Y O or e-Commerce n	es No If Yes: Processor Name . nerchant, please provide most rece	ent 6 months of proce	(Please provide the ssing statements.)	ne most recent 3 months of processing
Actual chargoback volume for					
Actual chargeback volume for	most recent 3 mont	hs \$	6 months \$		
# of locations?		hs \$ 6		chant ID#:	
# of locations?	If you are affiliate		provide existing men		older data:
# of locations?	If you are affiliate	ed with an existing account, please	provide existing men		older data:
# of locations?	If you are affiliate	ed with an existing account, please	provide existing men	nave access to cardh	older data:
# of locations? List the names of each of yo Merchant Owns Leases L	If you are affiliate our independent co	ed with an existing account, please	provide existing mer	nave access to cardh	older data:
# of locations? List the names of each of you Merchant Owns Leases Lea	If you are affiliate our independent co	ed with an existing account, please	provide existing mer	nave access to cardh	older data:
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# of locations? List the names of each of you Merchant Owns Leases Lea	If you are affiliate our independent concocation(s)? ler/landlord: acts with third partie	ed with an existing account, please entractors or agents or merchant s:	t servicers that will h	ent locations(s)?:	
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# of locations? List the names of each of you have an In the event your volume excerptions. # of locations? Leases L. Name/address of mortgage holds. Other significant Merchant Contact. American Express Existing Accounts: If you currently accept AXP paraccount. Existing AXP SE #:	If you are affiliate our independent concentration (s)?	ed with an existing account, please entractors or agents or merchant existing account, please entractors or agents or merchant exists. EXP volume is less than \$1MM annually, please provide years and your annual volume is less than ennual volume is more than \$1MM, M annually, you may be moved dir	How long at curre How long at curre ually, you must subm our existing AXP#, so \$1MM, if you request we will contact AXP of ectly to AXP. Opt out ans (such as traditional	ent locations(s)?: it your existing AXP#. It your existing AXP#. It your existing AXP#. It your exist your behalf. of AXP Offers and Proposition of AXP Offers and Proposition and telephone),	We will assign you a new AXP # for this s to AXP on your behalf. ou an AXP # for this account, so you can somotions: If you do not wish to receive futuplease contact customer service at the ph
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^{**} Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

os Merchant initials S D

** Equipment Options								
Model		Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned	Price
Terminal								\$
Terminal								\$
Printer								\$
PIN Pad								\$
Imprinter			Purchase Only					
Other								\$
								\$
Shipping, handling and tax will be billed in a	addition t	o the eq	uipment price liste	d above.				
Equipment Billing to:		Me	rchant 🔲 Agent 🔲	Other				
Ship Equipment to:		DB.	A Legal Agen	it Other:				
Send Welcome Kit to:		DB.	A 🗌 Legal 🔲 Agen	it N/A				
Merchant training provided by:	·	Pro	cessor Agent	Other:		•	•	

FEE SCHEDULE

Discount Rates Intercha	nge Pass Thro	ugh Discount F	Rate % Per Item \$	Associati	on Dues Asse	ssments & Sponsorship		
Rate 1	%	Per Item \$	Rate 2	%	Per Item \$	Rate 3	%	Per Item \$
Visa Qual Credit	3.37	0.00	Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit	3.37	0.00	Mastercard Mid-Qual Credit			Mastercard Non-Qual Credit		
Discover Network Qual Credit	3.37	0.00	Discover Network Mid-Qual Credit			Discover Network Non-Qual Credit		
American Express Qual Credit	3.37	0.00	American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit	3.37	0.00						
Mastercard Qual Debit	3.37	0.00						
Discover-Network Qual Debit	3.37	0.00						
American Express Qual Debit	3.37	0.00						
Pin Debit								•
PTI EBT								

Rewards Pricing	
Visa Rewards (Discount Rate \$ 3.37 Per Item 0.00	Mastercard Rewards (Discount Rate \$ 3.37 Per Item 0.00
Amex Rewards (Discount Rate \$ 3.37 Per Item 0.00	Discover Rewards (Discount Rate \$ 3.37 Per Item 0.00

Amex Rewards (Discount Rat	ate \$ 3.37 Per Item 0.00 Discover Rewards (Discount Rate \$ 3.37 Per Item 0.00
Miscellaneous Fees:	
Authorization Fees: Ame	erican Express \$ Mastercard \$ Visa \$ Discover \$
Decli	line Fee \$ EBT Auth Fee \$ Debit Auth Fee \$
Other Fees: Gate	eway Trans Chg \$ <u>0.00</u> Wireless Transaction Fee \$ <u>0.00</u> Marketing Transaction Fee \$ <u>0.00</u>
АСН	Batch Fee \$ 0.00 ACH Reject/Change Fee \$ 0.00 Next Day Funding Batch Fee \$ 0.00
AVS	Fee \$ 0.00 CVV2 Fee \$ 0.00 Tokenization Fee \$ 0.00 Chargeback/Retrieval Fee \$ 15.00/12.00
PCI n	monthly Fee \$ 0.00 PCI Non Compliance Fee \$ 0.00 Annual PCI Fee \$ 0.00
Admi	ninistrative Maintenance Fee \$\frac{10.00}{} Gateway Fee \$\frac{0.00}{} Annual Fee \$\frac{0.00}{}
Bi-Ar	nnual Fee \$ 0.00 Monthly Statement Fee \$ 0.00 Online Merchant Portal \$ 0.00
Mont	othly Minimum: \$ 0.00 Monthly bill minimum: 0.00 Terminal Rental Fee \$ 0.00
Debit	it Monthly Fee \$ 0.00 Early Termination Fee: \$ 0.00 Application/Setup Fee \$ 0.00
Helpo	odesk Fee \$ 0.00 Account Setup Fee \$ 0.00 Express Build Fee \$ 0.00
Debit	it Setup Fee \$ 0.00 EBT Setup Fee \$ 0.00 Wireless Setup Fee \$ 0.00
Gate	eway Setup Fee \$ <u>0.00</u> Addl Terminal Fee \$ <u>0.00</u> Merchant Club Fee \$ <u>0.00</u>
** Otl	ther \$ per Description** Other \$ per Description
** Otl	ther \$per month Description** Other \$per month Description
See :	Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

—ps	Merchant initials	SD
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eCommerce Ap	oplication Addendum								
Number of e-Co	ommerce websites:			(If mo	ore than 1, complete, initial and atta	ach an additior	nal copy of this p	page for each a	dditional website)
Website URL:	https://www.lafayettepe	diatricdental.com/	Website serv	ver IP	Address:		Website DBA:		
Customer Serv	ice: email address:		ALEXIS@LAFAYETTEPEDIATRICDENTAL.COM		Telephone:	3377221510	List all links to other websites:		
Web Hosting S	ervice Name:					Address:		Contact Telephone:	
Fullfillment Hou	ıse Name:					Address:		Contact Telephone:	
How do you ad	vertise:				(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
			If Yes, how many days before?						
What is your re	turn/refund policy?				Website Security Method:				
Digital Certifica	te Issuer:				Digital Cert No(s)/Exp Date(s))		Ow Share	/enership ed ☐ Individual

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

Merchant Signatures and Guarantor Signatures

Guaranty by this reference.

Print Name

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

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

the application, the entity will be provided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

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

Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this

I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of

MERCHANT SIGNATURES **GUARANTOR SIGNATURES** 5/1/2025 5/1/2025 Seth De Jean Seth De lean May. 01, 2025 May. 01, 2025 Principal/Owner for Merchant Date Guarantor Signature (No Titles) Date SETH DEJEAN OWNER SETH DEJEAN Print Name Title Print Name (No Titles) Principal/Owner for Merchant Date Guarantor Signature (No Titles) Date Print Name Title Print Name (No Titles) Principal/Owner for Merchant Guarantor Signature (No Titles) Date Date Print Name Title Print Name (No Titles) FOR INTERNAL USE ONLY Date Accepted by Processor Accepted by Merchant Bank Date

Print Name

Title

Title

Merc	hant i	initials	;

SD

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Merchant Beneficial Owner(s), of the Merchant Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application including any Patriot Activatomer identification forms and taxpayer identification/withholding forms included therein or prescribed forms of Merchant Application including any Patriot Activatomer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Activatomer identifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Activatomer identification sand taxpayer identification/withholding forms included therein or prescribed for use therewith. Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to conf

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): May. 01, 2025 Merchant Legal Name: SETH DEJEAN _ Merchant Federal Tax ID (as it appears on income tax return): ___ Merchant State of formation/Incorporation: LA Merchant Address: 110 CRESCENT RIDGE PLACE, LAFAYETTE, LA, 70503 Merchant Entity Type LLC

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

Beneficial Owner Legal Name SETH DEJEAN	Title OWNER			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 110 CRESCENT RIDGE PLACE	City, State, Zip LAFAYETTE, LA, 70503			Date of birth 08 feb 1985
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Ide *****9605	ntification No. (TIN):	Control Prong?
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance LA	Date Issued 12 jan 2022	Expiration Date 08 feb 2028	Number on ID: 007955291
Beneficial Owner Legal Name	Title			% of Legal Entity OwnerShip: %
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No	(SSN)/Individual Taxpayer Ide	ntification No. (ITIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title	•	1	% of Legal Entity OwnerShip: %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No	(SSN)/Individual Taxpayer Ide	ntification No. (ITIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title	1	1	% of Legal Entity OwnerShip: %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip LAFAYETTE, ,			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Ide	ntification No. (TIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ±	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
Control Prong (and/or additional Beneficial Owner) Legal Name SETH DEJEAN	Title OWNER		•	% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 110 CRESCENT RIDGE PLACE	City, State, Zip LAFAYETTE, LA, 70503			Date of birth 08 feb 1985
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Ide *****9605	ntification No. (TIN):	Control Prong? ■
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance LA	Date Issued 12 jan 2022	Expiration Date 08 feb 2028	Number on ID: 007955291

Certifications and Signatures:

Certifications and Signatures:

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

	May. 01,	Sull Dulan Sepapetesean	5/1/2	025	Seth DeJean	Anna Bourgeois	5/1/2025
Anna Bourgeois	2025	Authorized Signer Signature		Date Signed	Authorized Signer Printed Name	Processor's Rep. Signature	Date Signed

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

VISA DISCLOSURE PAGE

Docusign Envelope ID: 47125D57-2866-4F74-AB92-1CDF9E575863

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsabilities:

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

Important Merchant Responsibilities:

- 1. Ensure compliance with cardholder data security and storage requirements.
- 2. Maintain fraud and chargebacks below thresholds.
- 3. Review and understand the terms of the Merchant Agreement.
- 4. Comply with Visa International Operating Regulations.

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

Merchant Signature	
	F /1 /2025
DocuSigned by:	5/1/2025
Seth Delean Accomposed testal Merchant's Signature	May. 01, 2025
Merchant's Signature	Date
SETH DEJEAN	OWNER
Merchant's Printed Name	Title