

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

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

Processor's Sales Rep Name: Impact PaySystem CP

**APPLICATION FOR MERCHANT AGREEMENT**

**Business Information**

<b>Philip Benard</b>		<b>Pampered Paws Olive Branch</b>	
Merchant Legal Business Name		DBA Name	
<u>6228 Hwy 72</u>		<u>7127 Hacka Cross Rd</u>	
Mailing Address		DBA Address (Physical, No PO Boxes)	
<u>Byhalla</u>	<u>Mississippi</u>	<u>Olive Branch</u>	<u>Mississippi 38654</u>
<u>38611</u>		<u>City</u>	<u>State</u>
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Zip</u>
<u>6624706116</u>		<u>9014135003</u>	
Legal Phone #	Legal Fax #	DBA Phone #	DBA Fax #
<u>463856497</u>			
Federal Tax ID # (Must be 9 digits)		Date Opened: <u>03 may 2022</u>	
New Yrs. <input type="checkbox"/> New Mos. <input type="checkbox"/> New business <input type="checkbox"/> New owner <input type="checkbox"/> Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List months			
Business License		Web site Address:	
E-mail Address: <u>BENARDP@BELLSOUTH.NET</u>			
Merchant State registration			

Any prior  No  Yes If yes:  Personal  Business If yes, how long \_\_\_\_\_

Type of  Sole Proprietorship  LLC  Partnership  Ltd Partnership  Corp, check one:  Public  Private  Non  Other

**Business Type**

Retail  Restaurant  Lodging  Service  Internet \_\_\_%  Mail \_\_\_%  Tel \_\_\_%  Bus-to-Bus \_\_\_%

**Description of Business**

Detailed Description of Business (including products/services; card charging policies; delivery methods; whether own/finance inventory—provide separate pages if needed):

Pet Grooming Services

Mailing Address (select  Legal  DBA  Location Contact: Philip Benard Phone # 9014135003

**Refund/Return Policy**

No refund  Refund in 30 days or less  Merchandise  Other: \_\_\_\_\_

**American Express Disclosure**

The "NCR" party listed throughout this Application and the Merchant Agreement is your acquirer for American Express, or will convey American Express sales on your behalf:

NCR Payment Solutions, LLC  
 864 Spring Street, Atlanta, GA 30308

x Philip Benard  
 Merchant Signature

Philip Benard / Owner Apr. 22, 2022  
 Print Name/Title Date:

**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 I: Business Form of Identification		Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:	
Govt issued Business License <input type="checkbox"/>		Date and Place of Issuance:		Drivers License:	801998469	Name:	Philip Bernard
Tax Return <input type="checkbox"/>		ID/Tax ID Number: 483856497		State ID:		Date of Birth:	13 dec 1940
Corporate Resolution <input type="checkbox"/>		Expiration Date:		Passport:		Date of Issuance:	801998469
Entity Agencies <input type="checkbox"/>		Type Fint ST		Military ID:		State of Issuance:	None
Business financial Statement <input type="checkbox"/>				Mexican Consulate ID:		Expiration:	Dec 13, 2026
Partnership Agreement <input type="checkbox"/>				Resident Alien ID:		Address:	6228 Hwy 72

**Section III**

On site visit done by Sales Rep  Business Consistent with Application (including any e-Commerce addendum(s))

Address of location inspected:  DBA Address  Legal Address  URL listed in eCommerce addendum  Other Address:

Does name posted at business match name on application? Yes  No  Does inventory volume appear to be sufficient? Yes  No

Does location have appropriate business signage? Yes  No  Are store hours posted? Yes  No  Number of employees:

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? Yes

\* 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's Name	Title	Date of Birth	Ownership % / Years	% of Time Spent In Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at <a href="http://www.securebankcard.com">www.securebankcard.com</a> )	Residential Address (City, State, Zip)	Residential Phone #
Philip Bernard	Owner		100% New Location		*****5105	6228 Hwy 72, Byhalla, MS, 38611	8014135003

Name of Financial Institution	Account number	Routing #	Phone #	Contact	Date Opened
Resacant Bank	*****8876	084201294			

\*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 OI account

Trade Name	Account #	Product Sold	Phone # (No 800 #s)
None	None		None None
None	None		None None

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

## Card Types Accepted:

- All Visa/MasterCard/Discover Cards  
 All Discover Cards  
 JCB\*\*  
 American Express\*\*  
 Diners/Carle Blanche\*\*

- MasterCard Credit Cards and Business cards only  
 Visa Credit Cards and Business Cards only  
 MasterCard Debit cards only  
 Visa Debit cards only  
 PIN Based Debit/EFT Cards\*\*

Projected total annual sales \$ \_\_\_\_\_

- Electronic card-swiped transactions \_\_\_\_\_ %  
 Electronic key-entered (with Imprints) \_\_\_\_\_ %  
 Electronic card not present (w/out Imprints) \_\_\_\_\_ %

99 \_\_\_\_\_ %

1 \_\_\_\_\_ %

None \_\_\_\_\_ %

OR

- Touch-tone card not present (with Imprints) \_\_\_\_\_ %  
 Touch-tone card not present (no Imprints) \_\_\_\_\_ %  
 Mail/Telephone Order (card not present) \_\_\_\_\_ %  
 eCommerce (card not present) \_\_\_\_\_ %

99 \_\_\_\_\_ %

1 \_\_\_\_\_ %

None \_\_\_\_\_ %

None \_\_\_\_\_ %

Projected Visa/MC/DISC/Amex Sales

Monthly \$25000.00 Annual \$ \_\_\_\_\_

Projected Visa/MC/DISC/Amex High Ticket

\$175.00

## Projected average

Visa/MC/DISC/Amex ticket size \$0.00

## Do you use a 3rd party fulfillment?

 No  Yes

If "Yes"

Contact name and phone number:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

NOTE: TOTAL (must equal 100%)

- If processing via mail, phone or internet: supply copy of print advertising, catalogs and brochures.  
 If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL/Internet.

Do you bill your customer prior to goods being shipped? If yes, how many days?  0-2 days  
 3-30 days  31-60 days  60-90 days  
 Over 90 days

Do you authorize carrier to deliver w/o getting signature?  No  YesHow do you advertise?  Yellow pages  Telemarketing  Catalog  Internet  Word of mouth  Publications  Mass/Direct mail  Other \_\_\_\_\_

Have you ever accepted credit cards before?  Yes  No If Yes: Processor Name \_\_\_\_\_ (Please provide the most recent 3 months of processing statements. If you are a MOTO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months \$ \_\_\_\_\_ 6 months \$ \_\_\_\_\_

# of locations? \_\_\_\_\_ If you are affiliated with an existing account, please provide existing merchant ID#:

None

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data: \_\_\_\_\_

Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases Location(s)?	How long at current location(s)?:	
Name/address of mortgage holder/landlord:		
Other significant Merchant Contacts with third parties:		

## American Express

## Existing Accounts:

If you currently accept AXP payments, and your AXP volume is less than \$1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: \_\_\_\_\_

If you currently accept AXP payments in excess of \$1MM annually, please provide your existing AXP#, so we can convey this to AXP on your behalf.

## New Accounts:

If you do not currently accept AXP # payments, and your annual volume is less than \$1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. AXP SE #: \_\_\_\_\_

If you do not currently have an AXP #, and your annual volume is more than \$1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than \$1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to accept this. If you request AXP and qualify, NCR as processor, and not Merchant Bank, will settle American Express.

\*\* 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.

## FEE SCHEDULE

Equipment	Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned	Price
Model							\$
Terminal							\$
Terminal							\$
Printer							\$
PIN Pad							\$
Imprinter							\$
Other							\$

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to: Merchant  Agent  Other

Ship Equipment to: DBA  Legal  Agent  Other

Send Welcome Kit to: DBA  Legal  Agent  N/A

Merchant training provided by: Processor  Agent  Other

## SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates  Interchange Pass Through Discount Rate 0.15 % Per Item \$ 0.05  Association Dues & Assessments Pass Through

Rate 1	%	Per Item \$	Rate 2	%	Per Item \$	Rate 3	%	Per Item \$
Visa Qual Credit			Visa Mid-Qual Credit	0.15	0.05	Visa Non-Qual Credit		0.15
Master Card Qual Credit	0.15	0.05	Master Mid-Qual Credit	0.15	0.05	Master Non-Qual Credit		0.15
Discover Network - PayPal Qual Credit			Discover Network - PayPal Mid-Qual Credit	0.15	0.05	Discover Network - PayPal Non-Qual Credit		0.15
American Express Qual Credit	0.20	0.15	American Express Mid-Qual Credit	0.20	0.15	American Express Non-Qual Credit	0.25	0.20
Visa Qual Debit		0.05	Visa Mid-Qual Debit	0.15	0.05	Visa Non-Qual Debit		0.15
Master Card Qual Debit			Master Card Mid-Qual Debit	0.15	0.05	Master Card Non-Qual Debit		0.15
Discover Network - PayPal Qual Debit		0.05	Discover Network - PayPal Mid-Qual Debit	0.15	0.05	Discover Network - PayPal Non-Qual Debit		0.15
Pin Debit			EST			Star		\$1 per month

Visa Rewards (Discount Rate \$ <u>0.15</u> Per Item <u>0.05</u> )	MIC World Card (Discount Rate \$ <u>0.15</u> Per Item <u>0.05</u> )
Amex Rewards (Discount Rate \$ <u>0.35</u> Per Item <u>0.20</u> )	Discover Rewards (Discount Rate \$ <u>0.15</u> Per Item <u>0.05</u> )

## Non-Bankcard Types Accepted

JCB Card %                      Diners Carte Blanche%                      American Express Discount rate%                      OR                     

Monthly Flat Fee: \$                       Monthly Gross Pay  Daily Gross Pay  Retail \$                      Trans Fee                      % OR

Est. Annual Amex Volume: \$                      None                      Est. Average Amex Ticket: \$                      None                     

AMEX Pay Frequency  3 day  15 day  30 day Amex Fees disclosed in this section are billed by American Express

Monthly Statement Fee \$ 4.00 Application/Setup Fee \$ None ACH Reject/Change Fee \$ 25.00 Online Merchant Portal \$ None monthly

Chargeback/Retrieval Fee \$ 25.00 each Monthly Minimum: \$ None Voice Auth/ARU Fee \$ None ACH Batch Fee \$ None each

ACH Debit \$1.00 Upon Account Approval AVS Fee \$ None each CVV2 Fee \$ None each Tokenization Fee \$ None each Annual Fee \$ None

\*\* Administrative Maintenance Fee \$ None monthly \*\* PCI Non Compliance Fee \$ None monthly \*\* Gateway Fee \$ None monthly

\*\* Other \$ None per None Description                      \*\* Other \$ None per None Description                     

Early Termination Fee: \$ None \*\* PCI monthly Fee \$ 0.95

Authorization Fees: \$ None American Express \$ None MasterCard \$ None Visa \$ None Discover \$ None

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.

Number of e-Commerce websites: _____				<i>(If more than 1, complete, initial and attach an additional copy of this page for each additional website)</i>			
Website URL: _____		Website server IP Address: _____		None		Website DEA: _____	
Customer Service email address: _____		BENARDP@BELLSOUTH.NET		Telephone: 8624705118		List all links to other websites: _____	
Web Hosting Service Name: _____		_____		Address: _____		Contact Telephone: _____	
Fulfillment House Name: _____		_____		Address: _____		Contact Telephone: _____	
How do you advertise: _____				_____			
Do you bill customer's card before shipping product or performing service? _____				<i>(Attach samples; e.g., catalog/print/broadcast/marketing script)</i>			
Yes _____ No _____				If Yes, how many days before? _____			
What is your return/refund policy? _____				Website Security Method: _____			
Digital Certificate Issuer: _____				Digital Cert No(s)/Exp Date(s) _____		Ownership <input type="checkbox"/> Shared <input type="checkbox"/> 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, 706-649-4800.

**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 agencies to verify any of the 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 (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 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, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quest-cash, credits or monetary value of any type that may be used to conduct gambling.

**AMERICAN EXPRESS -** In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I represent that 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 Acceptance 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 in this 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 Bancard and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of 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 Guaranty by this reference.

<i>Philip Benard</i>		Apr. 22, 2022
Principal/Owner for Merchant	Date	
Philip Benard	Owner	
Print Name	Title	
Principal/Owner for Merchant	Date	
Print Name	Title	
Principal/Owner for Merchant	Date	
Print Name	Title	
FOR INTERNAL USE ONLY		
Accepted by Processor	Date	
Print Name	Title	

<i>Philip Benard</i>		Apr. 22, 2022
Guarantor Signature (No Titles)	Date	
Philip Benard		
Print Name (No Titles)		
Guarantor Signature (No Titles)	Date	
Print Name (No Titles)		
Guarantor Signature (No Titles)	Date	
Print Name (No Titles)		
Accepted by Merchant Bank	Date	
Print Name	Title	

**Merchant Beneficial Ownership and Management 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 (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, proprietorship, provided the Merchant is not a sole proprietorship), provided the Merchant is not a sole proprietorship. (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole included therein or prescribed for the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms representative.) The beneficial ownership/management information and certification in this form is, in addition to, not a substitute for, the information and certifications regarding the Merchant's legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and beneficial ownership/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. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources 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 that confirm the information. Secure Bancard's privacy policy can be found at <http://www.securebancard.com/Privacy%20Policy.pdf>

**Section 1: Merchant Application Information (Must match information in Merchant Application):** Date Application Signed (by Authorized Signer named below): Apr. 22, 2022

Merchant Legal Name: Philip Benard Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation:                       
 MS/Merchant Address: 6228 Hwy 72, Dyalia, MS, 38611 Merchant Entity Type                       
Sole Proprietor

**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	Title	% of Legal Entity Ownership: 100 %
Philip Benard	Owner	
Individual's Home (Street) Address (No P.O. Box) 6228 Hwy 72	City, State, Zip Dyalia, MS, 38611	Date of birth 13 dec 1940
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****5105	Control Prong? <input checked="" type="checkbox"/>
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID <input type="checkbox"/>	State/Country of Issuance MS	Date Issued 05 dec 2018
	Expiration Date 13 dec 2026	Number on ID: 801998469
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: None %
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID <input type="checkbox"/>	State/Country of Issuance	Date Issued None
	Expiration Date None	Number on ID: None
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID <input type="checkbox"/>	State/Country of Issuance	Date Issued None
	Expiration Date None	Number on ID: None
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip Dyalia, .	Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID <input type="checkbox"/>	State/Country of Issuance	Date Issued None
	Expiration Date None	Number on ID: None
Control Prong (and/or additional Beneficial Owner) Legal Name Philip Benard	Title Owner	% of Legal Entity Ownership: 100 %
Individual's Home (Street) Address (No P.O. Box) 6228 Hwy 72	City, State, Zip Dyalia, MS, 38611	Date of birth 13 dec 1940
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****5105	Control Prong? <input checked="" type="checkbox"/>
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID <input type="checkbox"/>	State/Country of Issuance MS	Date Issued 05 dec 2018
	Expiration Date 13 dec 2026	Number on ID: 801998469

\*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 photograph or similar safeguard.

**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.

Apr. 22,  
2022

Philip  
Benard

Authorized Signer  
Signature

Date Signed Authorized Signer Printed Name Processor's Rep.  
Signature

Date Signed Processor's Rep. Printed Name

**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) Responsibilities:**

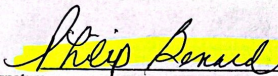
1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signatory) to the Merchant Agreement.
3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
4. The Visa Member is responsible 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



Merchant's Signature

Apr. 22, 2022

Date

Philip Benard

Merchant's Printed Name

Owner

Title