

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: iBuxx Impact

| Business Information | | | | |
|---|---|--------------------------------------|---|------------------------------|
| Callin' All Paws LLC | | | Callin' All Paws | |
| Merchant Legal Business Name | | | DBA Name | |
| 1330 Hall Drive | | | 1330 Hall Drive | |
| Mailing Address | | | DBA Address (Physical, No PO Boxes) | |
| Somerville | Tennessee 38068 | | Somerville | Tennessee 38068 |
| City | State Zip | | City | State Zip |
| 901-459-0188 | | | 901-494-0825 | |
| Legal Phone # | Legal Fax # | | DBA Phone # | DBA Fax # |
| 844359658 | 11 I _{Yrs.} 11 I _{Mos.} New but | siness New owner Seasonal? | Yes No List months | |
| Federal Tax ID # (Must be 9 digits) | Length Owned | | Deta Opened: Jan. 21, 2020 | |
| | | Business License | Date Opened: | |
| Merchant State registration | E-mail Address: gld | dudas1450@gmail.com Web site | e Address: | |
| Any prior | Yes If yes: Personal Busine | ess If yes, how long | | |
| Type of Sole Prop | rietorship 📕 LLC 🔲 Partnership 📗 | Ltd Partnership Corp. shook on | e: Dublic Drivete Men | Other |
| Type of Sole Propi | netorship = LLC Farthership | Ltd Farthership Corp, check on | e. Fublic Frivate Non | Other |
| Business Type | | | | |
| Description of Business | g Service Internet% Ma | ail% Tel | % Bus-to-Bus% | |
| Detailed Description of Business (in Mobile Grooming Service | ncluding products/services; card cha | arging policies; delivery methods; v | vhether own/finance inventoryprovide | e separate pages if needed): |
| Mailing Address (select | egal 🗌 DBA 🔲 Location Contact: | Glenda Judd Dudas | Phone # | 901-494-0825 |
| | | | | |
| | | | | |
| Refund/Return Policy | | | | |
| | | | | |
| ■ No refund ■ Refund in 30 days | or less Merchandise | Other: | | |
| American Express Disclosure | 9 | | | |
| The "JetPay" party listed throughout behalf: | ut this Application and the Merchant | Agreement is your acquirer for Am | nerican Express, or will convey America | an Experess sales on your |
| JetPay Merchant Services 3361 Boyington Drive, Suite 180 Carrollton, TX 75006 | | | | |
| × DETALAH | ya. | Glenda Judd Dudas / Owi | ner | Nov. 06, 2020 |
| Merchant Signature | | Print Name/Title | | Date: |

GJ 2 of 6 Merchant initials____ 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 058633569 Govt Issued Business License Drivers License: Name: Glenda Judd Dudas Tax Return State ID Date of Birth: June 5, 1965 Corporate Resolution ID/Tax ID Number: 84-4359658 Passport: DL/ID#: 058633569 **Entity Agencies** Military ID Date of Issuance: Mexican Consulate **Business financial Statement Expiration Date:** State of Issuance: Partnership Agreement Expiration: Oct 18, 2027 Type Fin'l S't Resident Alien ID: 1330 Hall Dr Address Section III On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s)) DBA Address Address of location inspected: Legal Address ■ URL listed in eCommerce addendum Other Address: Does name posted at business match name on application Ves 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:/td> 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 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 Date of Birth Ownership % of Time Social Security # (Processor's privacy **Residential Address** Residential Phone % / Years Name Spent In policy for collection and use of social (City, State, Zip) **Business** security numbers can be found at www.securebancard.com) Glenda Judd 100/11 1330 Hall Dr, Somerville, TN, ***4434 01-494-0825 Owner Dudas 8068 months Bank Information Name of Financial Institution Account number Routing # Phone # Contact Date Opened ****3326 Trustmark 065300279 *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

☐ Checking account ☐ Savings account ☐ Bank GL account

Trade / Business References

Trade Name | Account # | Product Sold | Phone #' (No 800 #s)

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

Please select one for ACH account type listed above:

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|---|--|---|--|
| Processing Information | | | |
| Card Types Accepted: | All Visa/MasterCard/Discover Cards All Discover Cards JCB** American Express ** Diners/Carte Blanche** | MasterCard Credit Cards Visa Credit Cards and Bu MasterCard Debit cards of Visa Debit cards only PIN Based Debit/EBT Ca | usiness Cards only only |
| Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sales Monthly \$7500.00 Annual \$ Projected Visa/MC/DISC/Amex High \$300.00 | Electronic key-entered (with impring Electronic card not present (w/out OR Touch-tone card not present (with Touch-tone card not present (no in Mail/Telephone Order (card not present)) | None % imprints) 2 % imprints) | Projected avarage Visa/MC/DISC/Amex ticket size 75.00 Do you use a 3rd party fulfillment? No Yes If "yes" Contact name and phone number: Name: Phone: |
| | NOTE: TOTA | AL (must equal 100%) | |
| If applicable, provide: video (TV), aud Do you authorize carrier to deliver w/s How do you advertise? Yellow pag Have you ever accepted credit cards statements. If you are a MO/TO or e-s Actual chargeback volume for most re # of locations? If you | es Telemarketing Catalog Internet Worlder before? Yes No If Yes: Processor Name Commerce merchant, please provide most recent | d of mouth Publications Mass/Dir (Please provide 6 months of processing statements.) | the most recent 3 months of processing |
| | | | |
| Merchant Owns Leases Location | n(s)? | How long at current locations(s)?: | |
| Name/address of mortgage holder/land | lord: | | |
| Other significant Merchant Contacts wit | h third parties: | | |
| account. Existing AXP SE #: If you currently accept AXP payments New Accounts: If you do not currently accept AXP # # accepting AXP payments. AXP SE #: | | existing AXP#, so so we can convey th | nis to AXP on your behalf. |
| If you do not currently have an AXP # | , and your annual volume is more than \$1MM, we | will contact AXP on your behalf. | |
| offers or promotions of AXP products | ore than \$1MM annually, you may be moved direct or services from AXP via offline or on-line means | (such as traditional mail and telephone) | , please contact customer service at the phone |

** 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.

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 enforce this. If you request AXP and qualify, JetPay as processor, and not Merchant Bank, will settle American Express.

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

| | | | | | FEE SCHED | JLE | | | | | |
|---|------------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|------------------|--------------------------------|---------------------------|-----------------|-------------|-------------|
| ** Equipment Option: | S | | | | | | | | | | |
| No. del | | | 04 | Purchase | Purchase | | D | Purchase | Merchan | t | D. i.e. |
| Model Terminal | | | Qty | New | Refurbished | 1 | Rent | Other Source | Owned | \$ | Price |
| Terminal | | | | | | | | | | \$ | |
| Printer | | | | | | | | | | \$ | |
| PIN Pad | | | | Durch Out | | | | | | \$ | |
| Imprinter Other | SOFTWARE | | | Purchase Only | | | | | | \$ | |
| Other | JOHTWAIL | - | | | | | | | | \$ | |
| • | | | | | | | | | • | | |
| Shipping, handling an | nd tax will be | <u>billed in ad</u> | | equipment price list erchant Agent | | | | | | | |
| Equipment Billing to: Ship Equipment to: | | | | BA Legal Agent | | | | | | | |
| Send Welcome Kit to: | : | | | BA Legal Age | | | | | | | |
| Merchant training pro | | | | rocessor Agent | | | | | | | |
| SERVICE ACCEPTA | | EE SCUEI | NII E | | | | | | | | |
| SERVICE ACCEPTA | ANCE AND F | EE SCHEL | JULE | | | | | | | | |
| Discount Rates I | nterchange Pa | ass Through | Discount Rate | % Per Iter | m \$ | Association | Dues & Ass | essments Pass Through | | | |
| Rate 1 | | % | Per Item \$ | Rate 2 | | % | Per Item \$ | Rate 3 | | % | Per Item \$ |
| Visa Qual Credit | | 3.79 | ١ | /isa Mid-Qual Credit | | | | Visa Non-Qual Credit | | | |
| Master Card Qual Credit | | 3.79 | 1 | Master Mid-Card Qual Cre | edit | | | Master Non-Card Qual Cred | lit | | |
| Discover Network - PayPal C | Qual Credit | 3.79 | 1 | Discover Netword - PayPa | al Mid-Qual Credit | | | Discover Network - PayPal | Non-Qual Credit | | |
| American Express Qual Cred | dit | 3.79 | , | American Express Mid-Qu | ual Credit | | | American Express Non-Qua | l Credit | | |
| Visa Qual Debit | | 3.79 | ١ | /isa Mid-Qual Debit | | | | Visa Non-Qual Debit | | | |
| Master Card Qual Debit | | 3.79 | 1 | Master Card Mid-Qual De | ebit | | | Master Card Non-Qual Deb | it | | |
| Discover Network - PayPal C | Qual Debit | 3.79 | | Discover Network - PayPa | | | | Discover Network - PayPal | | | |
| Pin Debit | | | | EBT | | | | Star | | \$1 per mon | th |
| | | | | | | | | 1 | | | |
| Visa Rewards (Discou | | | | | | | Discount Rass | Rate \$ 3.79 Per Item | | | |
| JCB Card % Monthly Flat Fe Est. Annual Amex AMEX Pay Freque Miscellaneous Fees: | e: \$ | one | Carte Blance Monthly Gross 15 day | ss Pay Daily | y Gross Pay 🗌 Average Amex Ti | Retail \$ Non | e | | DR press | | |
| Monthly Statemen Chargeback/Retrie ACH Debit \$1.00 U ** Administrative N ** Other \$ | Jpon Accour Maintenance per None | each Approva Fee \$\frac{None}{2}\$ Descript | Monthly Mi | each CVV2 | 2 Fee \$ each | J Fee \$ 1.95 | ACH N ion Fee \$_ y ** Gatewa | one each Annual Fee \$ | | | |
| Authorization Fee | None | America | ا 1 Express \$_ | None MasterCa | None ard \$ Vis | None a \$ | Discove | r \$ | | | |

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.

| 5 of 6 | Merchant initials | GJ |
|--------|-------------------|----|

| eCommerce Applicatio | n Addendum | | | | | | | | | |
|-------------------------------|------------------|--------------------------|-----------------|--------------------------|------------|---------------------------|----------------------------|--------------|------------|--------------------------|
| Number of e-Commerc | ce websites: | | (If more than 1 | , complete, in | nitial ar | nd attach an additional c | copy of this page for each | n additional | website) | |
| Website URL: | | Website serv Address: | er IP | | | Website DBA: | | | | |
| Customer Service: em | ail address: | gldudas1450 | @gmail.com | Telephone | : | 901-459-0188 | List all links to other | websites: | | |
| Web Hosting Service I | Name: | | | Address: | | | Contact Telephone: | | | |
| Fullfillment House Nar | ne: | | | Address: | | | Contact Telephone: | | | |
| How do you advertise: | : | | | | (Atta | ich samples; e.g., cata | alog/print/broadcast/te | lemarketir | ng script) | |
| Do you bill customer's Yes No | card before ship | pping product | or performing | service? | If Ye befo | s, how many days re? | | | | |
| What is your return/re | fund policy? | | | Website Security Method: | | | | | | |
| Digital Certificate Issu | er: | | | | Digit | al Cert No(s)/Exp Dat | e(s) | | | enership d 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

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 BIN 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, or on copies or facsimiles of ther documents bearing Merchant's and Guarantor(s)'s sign

AMERICAN EXPRESS - In the event I am not eligible for JetPay 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 JetPay, 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' 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 Guaranty by this reference.

| MERCHANT SIGNATURES | | GUARANTOR SIGNATURES | |
|------------------------------|---------------|---------------------------------|---------------|
| XII , DEDJAD DA | Nov. 06, 2020 | XII , DED HAD An | Nov. 06, 2020 |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| Glenda Judd Dudas | Owner | Glenda Judd Dudas | |
| Print Name | Title | Print Name (No Titles) | |
| X 2) | | X 2) | |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| | | | |
| Print Name | Title | Print Name (No Titles) | |
| X 3) | | X 3) | |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| | | | |
| Print Name | Title | Print Name (No Titles) | |
| | | | |
| FOR INTERNAL USE ONLY | | | |
| X) | | X) | |
| Accepted by Processor | Date | Accepted by Merchant Bank | Date |
| | | | |
| Print Name | Title | Print Name | Title |

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Merchant initials

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 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 as a "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer 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 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 legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and 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 identifies each person (including business entities) who opens an account. By a sak to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. Se

| confirm the information | . Secure Bancard's pri | acy policy can be found at http://www.securebancard.com/Priva | acy%20Policy.p | odf |
|---|------------------------|--|-----------------|--|
| Section 1: Merchant Ap Nov. 06, 2020 | plication Information | (Must match information in Merchant Application); Date Applica | tion Signed (by | Authorized Signer named below): |
| Merchant Legal Name: | Glenda Judd Dudas | Merchant Federal Tax ID (as it appears on income tax return): | 844359658 | Merchant State of formation/Incorporation: |
| TN Merchant Address: | 1330 Hall Dr, Somer | ville, TN, 38068 | Mer | chant 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 Glenda Judd Dudas | Title Owner | | | % of Legal Entity OwnerShip: 100 % |
|--|---|------------------------------|----------------------------------|--|
| Individual's Home (Street) Address (No P.O. Box) 1330 Hall Dr | City, State, Zip Somerville, TN, 38068 | | | Date of birth June 5, 1965 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No | (SSN)/Individual Taxpayer Id | entification No. (I | TIN): | Control Prong? |
| Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ± | State/Country of Issuance TN | Date Issued Oct. 18, 2019 | Expiration Date Oct. 18, 2027 | Number on ID: 058633569 |
| 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? ☐ Yes ■ No | (SSN)/Individual Taxpayer Id | entification No. (I | 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 None | Expiration Date None | Number on ID: |
| 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? ☐ Yes ■ No | (SSN)/Individual Taxpayer Id | entification No. (I | 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 None | Expiration Date None | Number on ID: |
| Beneficial Owner Legal Name | Title | | | % of Legal Entity OwnerShip: None % |
| Individual's Home (Street) Address (No P.O. Box) | City, State, Zip Somerville, , | | | Date of birth None |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No | (SSN)/Individual Taxpayer Id | entification No. (I | 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 None | Expiration Date None | Number on ID: |
| Control Prong (and/or additional Beneficial Owner) Legal Name Glenda Judd Dudas | Title Owner | | | % of Legal Entity OwnerShip: 100 % |
| Individual's Home (Street) Address (No P.O. Box) 1330 Hall Dr | City, State, Zip Somerville, TN, 38068 | | | Date of birth June 5, 1965 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No | (SSN)/Individual Taxpayer Id | entification No. (I | TIN): | Control Prong? |
| Id Type:* | State/Country of Issuance TN | Date Issued Oct. 18, 2019 | Expiration Date Oct. 18, 2027 | Number on ID: 058633569 |

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.

| A Flyndd An | Nov. 06, | Glenda Judd Dudas | | | | |
|-------------|----------|--------------------------------|-------------|--------------------------------|-------------------------------|-------------|
| | 2020 | 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

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 | |
|-------------------------|---------------|
| | |
| | |
| , De Dandy Dr. | Nov. 06, 2020 |
| Merchant's Signature | Date |
| Glenda Judd Dudas | |
| GIETIUA JUUU DUUAS | Owner |
| Merchant's Printed Name | Title |