PCSA-3915-003 (Page I of 3)

Anna Bourgeois Signing Rep: Anna Bourgeois Sales Office Phone: 337-351-6379 Sales Office Phone: MERCHANT PROCESSING APPLICATION AND AGREEMENT

COMPLETE SECTIONS (1-9)

Merchant #:							
PCS2508	(I) T	ELL US A	BOUT YOUR BUSINESS		PCS2508		
If Merchant is a sole proprietorship, then the "Client's Ruisness Name (Doing Rusiness As)		Name" should in			Information		
Client's Buisness Name (Doing Business As): Lucia LLC			Client's Corporate/Legal Name Lucia LLC	(Use Also for Headquarter s	information):		
Business Address: 607 Kaliste Saloom Rd # A			Billing Address (If Different That 412 Martin St	nn Location Address):			
City: Lafayette	State: LA	Zip: 70508	City: Breaux Bridge		State: Zip:		
Location Phone #:	Location Fax #:		Customer Service Number: 337-534-4025	Contact Name			
Business E-mail Address:	usiness E-mail Address:			Fax #:	Robert Sandberg Fax #:		
luciabakehouse@gmail.com 337-534-4025							
Business Website Address: www.lucialafayette.com			Contact E-Mail Address: luciabakehouse@gmail.com				
Send Retrieval Requests / Fax Type to:	Business Address	☐ Fax #:	*SIC/MCC: 5462				
Statement Type: (check one) 🗶 Detail [Summary Staten	nent Delivery M	lethod: (check one) 🗌 E-Mail		Online Print and Mail		
Billing to be processed Monthly	X Daily						
*If your business is classified as High Risk and a registration is required with Visa and/or Master registration fees could be \$1,000). Failure to reg 'Registration for MCC 7841 is only required for r	card within 30 days from gister could result in find non-face-to-face adult c	m when your acco es in excess of \$1 ontent. ² Informat	ount becomes active. An Annual Registr 0,000 for violating Visa and/or Masterc tion herein, including applicable MCCs, i	ation Fee of \$500 may apply fo ard regulations². is subject to change	or Visa and/or Mastercard (total		
(2) MC / VISA /			FULL SERVICE / AMERIC				
Total Monthy Card Sales Volume: \$ 39000				Estimated High Ticke	t Amount: \$ 1500.00		
Monthy Mastercard/Visa Volume: \$ 28000			Pal Volume: \$ 7000.000	20.00			
Monthy AMEX OptBlue Volume: \$4000.	OU AMEX C	-	ted Average Ticket / Sales Amount:	\$ 20.00			
	ex Opt Blue (Discover	. ,		ransactions. Select Discover Ful	II Processing if JCB is requested.)		
Amex - Existing Direct SE#	•		can Express Cap #				
☐ Discover - Existing Retained SE #			ic. JCB (EDC) - Existing Account #				
☐ PIN Debit				# (XREF): EBT Cash			
☐ WEX Full Acquiring ☐ WEX Non-Full S	vc WEX Crossroad	ds Vovag	er Tax exempt Voyager MC	Fleet Fuelman ID			
			ORE BUSINESS DATA				
State Incorp. LA Month/Year Started	12/28/2020 Sole		Partnership 🗌 Non Profit/Tax Exe		vate Corp. 🗷 L.L.C. 🗌 Gov't.		
Check one: TIN TYPE: EIN (Fed Tax III NOTE: Failure to provide accurate information		lding of merchan	SSN		Guide for further Information)		
Name (as it appears on your income tax return			t appears on your SS4 form)		reign entity/nonresident alien.		
Lucia LLC	85-43	10329		(If checked, please att	ach IRS Form W-8.)		
Mag Swipe90_% + Keyed Manually* Product/Services You Sell: Bakeries	% = 100%	*If 50% or more	e is manually keyed please provide	the MOTO Addendum			
Card Present (MAG Swipe and/or Manual	Imprint) 90 %	Mail Order/D	irect Marketing % + Phone	Order % + Interne	t % = 100%		
Does your business offer products and/or							
Do you use any third party to store, process or transmit cardholder data? Yes X No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)							
If yes, give name/address:							
Return Policy: Full Refund Exhange Only X None Will transactions be in currencies other than the U.S. Dollar (USD)? Yes No							
Previous Processor: Your Previous Merchant #:							
Check Reason for Changing: Rate Service Terminated Other:							
	(5) ا	DESCRIBE	EQUIPMENT DETAILS				
Network: ☐ CARDnet®	ville 🗌 Buypass	Other:		Specify Secu	urity Code: ()		
QTY IP Ec	quipment Type		Model Code and Name	Repro	gram/New Deployment		
Clover		Sta	ation				
Deployment Instructions: To Location Other Address:							
Profile Type: Retail Petroleum							
Instructions: Clerk / Server Entry	Retail With Tip	Auto Settle Tim	ne 7:00 PM Debit Cas	sh Back	-		
VAR/Internet/Software: Name:		(Nash	ville Only: Product ID#	Vendor ID #)		

PLEASE SEND COMPLETED INFORMATION TO:

2243 Park Place, Suite C, Petroleum Card Services is a registered Independent Sales Organization of Wells Fargo Bank, N.A., Concord CA



DBA Name: PCS2508 (6) PROVIDE YOUR OWNER INFORMATION PCS2508 Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business, or who otherwise has significant responsibility to control, manage, or direct your business Owner/Partner/Officer Name: Home Phone: Title: D.O.B: Social Security #: % of Ownership: Sandberg 1/7/1984 439-75-7089 337-356-9164 Owner Robert Home Address: City: Owner's E-Mail Address: (Required for Click to Agree) State: Zip: 412 Martin St Breaux Bridge 70517 luciabakehouse@gmail.com Owner/Partner/Officer Name: D.O.B: Social Security #: Home Phone: Title: % of Ownership: City: Home Address: State: Owner's E-Mail Address: (Required for Click to Agree) Zip: Owner/Partner/Officer Name: D.O.B: Home Phone: Title: Social Security #: % of Ownership: Home Address: City: State: Zip: Owner's E-Mail Address: (Required for Click to Agree) Owner/Partner/Officer Name: D.O.B: Social Security #: Home Phone: Title: % of Ownership: Home Address: City: State: Zip: Owner's E-Mail Address: (Required for Click to Agree) D.O.B: Title: Controlling Position: Social Security #: Home Phone: % of Ownership: Robert Sandberg 1/7/1984 439-75-7089 337-356-9164 Owner Home Address: Owner's E-Mail Address: (Required for Click to Agree) Citv: State: Zip: 412 Martin St Breaux Bridge 70517 I A luciabakehouse@gmail.com (7) IC PLUS / TIER / FLAT RATE PRICING SCHEDULE **Authorization and AVS Fees** Other Fees Start-Up Fees (One-Time Charge) Non-Taxable Fees: \$ 0.000 MC / Visa Auth Fee Early Termination Fee** (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) Application Fee (Non-Refundable) (321) \$ Annual Membership Fee (294)Ś (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) Account Validation Fee (182)**\$** 10.00 (One-time fee charged at time of boarding) Chargeback Fee Discover Auth Fee Reprogramming Fee (31A) **\$** 5.00 (070, 071, 072, 073, 074, 071, 07V, 07W, 07X, 07Y) Retrieval Fee (285) Debit Set-up Fee (31B) Amex Auth Fee **Batch Settlement Fee** (227)(060, 061, 062, 063, 064, 061, 06V, 06W, 06X, 06Y) **Billed Monthly Fees** EBT Purchase/Return/Decline (029.02Y.02X) MC/Visa/Discover/Amex Voice AVS Monthly Service Fee (335)(039, 049, 069, 079, 03A, 04A, 06A, 07A) Visa/MC/Disc Access Fee (241, 197, 526) MC/Visa/Discover/Amex Voice Auth Fee/VRU Minimum Processing Fee (953) Visa Ntwk Acq Proc Fee US Cr (04H) (035, 036, 037, 045, 046, 047, 065, 066, 067, 075, 076, 077) Monthly ClientLine® Fee (32R) Visa Ntwk Acq Proc Fee US DB/PP (04J) (405, 406, 407, 408, 435, 07B, 07C 03B, 03C, 04B, 04C, 06B, 06C) eIDS Monthy Fee (29E) NABU Fee (60M, 0B4) **ACH Reject Fee** (401)**Regulatory Product Fee** (351) Fleet Card Fees \$ 24.00 Non Return of Equipment Fee **Monthly Statement Fee** (323)**Authorization Fees** Product Fees Voyager (0D0, 0D1, 0DV) \$ TIN/TFN Blank or Invalid Fee (as applicable) (30L) \$_5.000 WEX (0D4) \$ **TransArmor Monthly Fee** Merchant Supply Advantage (413)Fuelman (0B3) \$ Service Protection Program Network Access Fee - Debit (420)Other Payment Fees Voyager Fraud Mgmt Program Sales Discount Fee (766)Monthly Advantage Fee (158)Mobile Pav Monthly Fee Wright Express ESP Monthly (Y66) Sales Discount Fee (840, 841, 842, 843) **Monthly Gateway Support Fee** (417) S **\$** 59.95 **ESP Non-Compliance Fee** (Y65) **Datawire Micronode** *Visa/MC CCIS Enrollment (63V, 63M) Monthly Fee (each) (354) \$ Premium Equipment SVC Misc. Fee:) \$ (32U) S In addition, the card brands (Visa, Mastercard, American Express, Discover, etc.) may charge various additional fees under certain circumstances, which are referred to as "pass through fees' because, if charged, are passed through by us to the Merchant. Pass-through fees may include, by way of example only, verification fees, authorization fees, international transaction fees, return fees, data usage fees, and PIN Debit Annual Fees, among others * Commercial Card Interchange Service ("CCIS"). See Program Guide for details regarding Commercial Card Interchang Service. When the sales tax is computed on your behalf under CCIS, you will retain 25% of the interchange savings. ** Early Termination Fee. See Part IV, Section A.3 of the Program Guide Pass Through Interchange - Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equl to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .165%. American Express has Program Pricing and not Interchange and are subject to change. Discoun Sales Credit 8 Discount (Based on Gross (Based on Gross (Based on Gross Non-PIN Debit (Based on Gross Sales Vol.) Sales Vol.) Sales Vol.) Sales Vol.) Transaction Fee (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788) MC Qual Visa Qual Discover Qual American Express Credit (800) Credit (804) **Credit** (170) Qual Credit (164) % American Express MC Qual Visa Oual Discover Qual American Express Sales Credit Non PIN Debit Non PIN Debit Non PIN Debit (964) Program Cost (3AL) **Transaction Fee** (850)(854)% (013, 014) Unbundled PIN Debit - Txn Fee Unbundled PIN Debit Discount Fee **PIN Debit** (018) \$ (Key 190) (plus the applicable network fees) **Decline Transaction Fee** % (42R) \$

Client Initials

Client's Business Principal/Officer: Signature X	Title Owner	dba Petroleum Card S	
Print Name of Signer Robert Sandberg	Date 6/4/2024	Signature X	Title:
Print Name of Signer 100011 Canadary	Date		
		Printed Name:	Date:
Signature X	Title	BANK: Wells Fargo Bank, N.A.	and Mastercard International, Inc.)
Print Name of Signer	Date		ces LLC, pursuant to a limited power
		of attorney	ces LLO, pursuant to a minted power
Signature X	Title	Signature X	Title:
Print Name of Signer	Date	Printed Name:	Date:

(10) PERSONAL GUARANTY

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A., Petroleum Card Services are relying upon this Guaranty in entering into the Agreement.

Ciana	tura (Please	cian holow)	

Signature (Please sign below):

An individual X

. an individual

Merchant Initials

PROCESSOR Name: Paysafe Payment Processing Solutions, LLC dba Petroleum Card Services

INFORMATION: Address: URL: www.pcspayments.com Customer Service #: 1-866-427-7297

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by Mastercard, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 26 of the Program Guide).
- We may debit your bank account (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- 3. There are many reasons why a Chargeback may occur. When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 15 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement.
- 4. In consideration of the Services provided by us, you shall be charged, and hereby agree to pay us any and all fees set forth in this Agreement (for the purpose of clarity, this includes the Application and any additional pricing supplements or subsequent communications), all of which shall be calculated and payable pursuant to the terms of this Agreement and any additional pricing supplements or subsequent communications. If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.

- 5. The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 28, 38.3, and 40.10 of the Card General Terms; or Section 18 of the TeleCheck Solutions Agreement.
- We have assumed certain risks by agreeing to provide you with Card processing or check services. Accordingy, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 31, Term; Events of Default and Section 32, Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Section 7), under certain circumstances.
- 7. By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreeent until all your obligations to us and our Affiliates are satisfied.
- 8. The Agreement contains a provision that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 17.2 of the TeleCheck Solutions Agreement.
- For questions or concerns regarding your merchant account, contact customer service at the number located on your Merchant Services Statement.

10. Card Organization Disclosure

Visa and Mastercard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834.

Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a merchant.
- b. The Bank must be a principal (signer) to the Agreement.
- c. The Bank is responsible for educating merchants on pertinent Visa and Mastercard rules with which merchants must comply; but this information may be provided to you by Processor.
- d. The Bank is responsible for and must provide settlement funds to the merchant.
- e. The Bank is responsible for all funds held in reserve that are derived from settlement.
- f. The Bank is the ultimate authority should a merchant have any problems with Visa or Mastercard products (however, Processor also will assist you with any such problems.

Important Merchant Responsibilities

- Ensure compliance with Cardholder data security and storage requirements.
- b. Maintain fraud and Chargebacks below Card Organization thresholds.
- c. Review and understand the terms of the Merchant Agreement.
- d. Comply with Card Organization Rules and applicable law and regulations.
- e. Retain a signed copy of this Disclosure Page.
- f. You may download "Visa Regulations" from Visa's website at: https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf.
- g. You may download "Mastercard Regulations" from Mastercard's website at: www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf.
- h. You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpresscom/us/merchant.

Print Client's Business Legal Name: Lucia LLC

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions consisting of 43 pages including this Confirmation Page and the applicable Third Party Agreement(s). Interchange Qualification Matrix, American Express Program Pricing, and Interchange Schedule.

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature	(Please	sian	below	1:

Docusigned by:		Owner	6/4/2024
A529C042267F4B3		Title	Date
Robert	Sandberg		

Please Print Name of Signer

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