

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: iBux impact

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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.) Applicable Items Reviewed: Section II: Individual Form of Identification Applicable Items Reviewed: Section 1: Business Form of Identification **Business Name:** Bruce Singleterry Name: 00100019 Drivers License: July 6, 1956 Date and Place of Date of Birth: Govt Issued Business License Issuance: 00100019 State ID: DL/ID#: Tax Return Passport: Date of Issuance: 742952124 ID/Tax ID Number: Corporate Resolution Military ID: TX State of Issuance: Mexican Consulate Entity Agencies Jul 06, 2025 Expiration Date: ID: Expiration: **Business financial Statement** 251 Trailwood Address: Partnership Agreement Resident Alien ID: Type Fin'l S't Section III Business Consistent with Application (including any e-Commerce addendums(s)) On site visit done by Sales Rep Other Address: URL listed in eCommerce addendum Legal Address **DBA Address** Address of location inspected: Does inventory volume appear to be sufficient? Yes No Yes No Are store hours posted? Yes No Number of employees:/td> Does name posted at business match name on application Does location have appropriate business signage Yes No Did you get Interior/exterior photos? Yes No Get Samples? Yes No Did you view merchant's inventory? Yes No Comments: Was inventory consistent with merchant's type of business? Yes Date: * Signature of Sales Representative: * 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. **Residential Phone Residential Address** Social Security # (Processor's privacy Ownership % of Time Date of Birth Title 维 Principal's (City, State, Zip) policy for collection and use of social Spent In % / Years Name security numbers can be found at Business www.securebancard.com) 251 Trailwood, Port Lavaca, TX, 3615535917 *****2801 50/23 years 77979 Bruce Singleterry Owner 251 Trailwood, Port Lavaca, TX, 3615535917 ****** 4780 50/23 years 77979 Owner Armi Singleterry

4010

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Merchant Owns Leases Location(s)?	How long at current locations(s)?
Name/address of mortgage holder/landlord:	
Other significant Merchant Contacts with third parties:	

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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 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

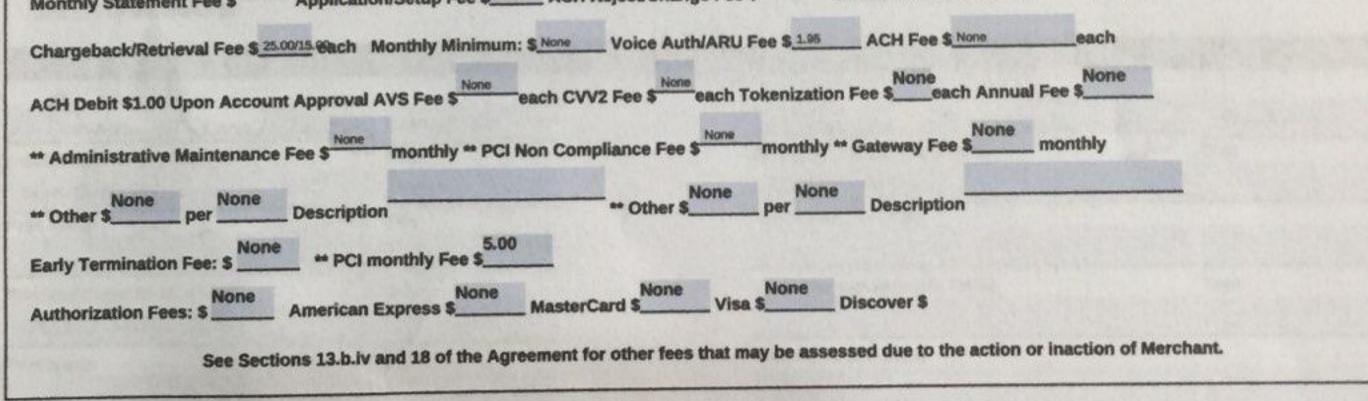
Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, JetPay as processor, and not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

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FEE SCHEDULE

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Fullfillment House Name:			Address:		Contact Telephone:	
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Digital Certificate Issuer:			Digital Cert	No(s)/Exp Date(s)		Owenership Shared 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.

derchant Signatures and Guaranter Signature

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 date; (5) agrees that Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"). regardless of whether such Merchant Affiliate Agreement (so ris executed, amended, or supplemented at some future date; (5) agrees that 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 (Ber

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, 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 Affiliates to 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 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 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	
Principal/Owner for Merchant Bruce Singleterry Print Name	Jan. 13, 2021 Date Owner Title	And Ainglaten Guarantor Signature (No Titles) Bruce Singleterry Print Name (No Titles)	Jan. 13, 2021 Date
Armi Singleterry	Owner	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
Principal/Owner for Merchant	Date	X 3) Guarantor Signature (No Titles)	Date
rint Name	Title	Print Name (No Titles)	
FOR INTERNAL USE ONLY			
ccepted by Processor	Date	Accepted by Merchant Bank	Date
rint Name	Title	Print Name	Title

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and the second

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial ownership, 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, 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 proprietor" or "sole proprietorship", provided the 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 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 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 will allow us to identity you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to 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): Jan. 13, 2021

Merchant Legal Name: _	Bruce Singleterry	Merchant Federal Tax ID (as it appears or	n income tax return): 742952124	_ Merchant State of formation/Incorporation:
TX Merchant Address:	251 Trailwood, Port	Lavaca, TX, 77979	Me	rchant Entity Type
Destaurshis		the state of the second st		

Partnership

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.

Title Owner			% of Legal Entity OwnerShip: 50 %
City, State, Zip Port Lavaca, TX, 77979			Date of birth July 6, 1956
(SSN)/Individual Taxpayer Id	TIN):	Control Prong?	
State/Country of Issuance	Date Issued May 3, 2019	Expiration Date July 6, 2025	Number on ID: 00100019
Title Owner			% of Legal Entity OwnerShip: 50 %
(SSN)/Individual Taxpayer Id	Ientification No. (I	TIN):	Control Prong?
State/Country of Issuance	Date Issued April 27, 2017	Expiration Date May 16, 2023	Number on ID: 09128375
Title			% of Legal Entity OwnerShip: None %
City, State, Zip	el mar		Date of birth None
(SSN)/Individual Taxpayer Io	dentification No. (ITIN):	Control Prong?
State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Title			% of Legal Entity OwnerShip: None 9
City, State, Zip Port Lavaca, ,		S. S. BROOM	Date of birth None
(SSN)/Individual Taxpayer k	dentification No. (ITIN):	Control Prong?
State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Title Owner	% of Legal Entity OwnerShip: 50 %		
City, State, Zip Port Lavaca, TX, 77979	Date of birth July 6, 1956		
(SSN)/Individual Taxpayer In *****2801	Control Prong?		
State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
	Owner City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Id State/Country of Issuance Title Owmer (SSN)/Individual Taxpayer Id State/Country of Issuance Title Owmer (SSN)/Individual Taxpayer Id State/Country of Issuance Title City, State, Zip (SSN)/Individual Taxpayer Id State/Country of Issuance Title City, State, Zip Ort Lavaca, , (SSN)/Individual Taxpayer Id State/Country of Issuance Title City, State, Zip Port Lavaca, , (SSN)/Individual Taxpayer Id State/Country of Issuance Title State/Country of Issuance City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Id State/Country of Issuance State/Country of Issuance <td>Owner City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Identification No. (I *****2801 State/Country of Issuance Title Owner (SSN)/Individual Taxpayer Identification No. (I ************************************</td> <td>Owner City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Identification No. (ITIN): State/Country of Issuance Date Issued Expiration Date Title Owner (SSN)/Individual Taxpayer Identification No. (ITIN): State/Country of Issuance Date Issued Expiration Date (SSN)/Individual Taxpayer Identification No. (ITIN): Expiration Date State/Country of Issuance Date Issued April 27, 2017 Title City, State, Zip Expiration Date City, State, Zip </td>	Owner City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Identification No. (I *****2801 State/Country of Issuance Title Owner (SSN)/Individual Taxpayer Identification No. (I ************************************	Owner City, State, Zip Port Lavaca, TX, 77979 (SSN)/Individual Taxpayer Identification No. (ITIN): State/Country of Issuance Date Issued Expiration Date Title Owner (SSN)/Individual Taxpayer Identification No. (ITIN): State/Country of Issuance Date Issued Expiration Date (SSN)/Individual Taxpayer Identification No. (ITIN): Expiration Date State/Country of Issuance Date Issued April 27, 2017 Title City, State, Zip Expiration Date City, State, Zip

*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.

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.

> Jan. 13, 2021

Processor's Rep. Printed Name

Bruce Singleterry

Authorized Signer Signature

Authorized Signer Printed Name

Armi Singleter

Processor's Rep.

Signature

Date Signed

01/14/2021

Member Bank (Acquirer) Information:

Synovus Bank Acquirer Name: 1125 First Avenue, Columbus, GA 31901 Acquirer Address: 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.
- A Visa Member must be a principal (signatory) to the Merchant Agreement. 2.
- The Visa Member is responsible for and must provide settlement funds to the Merchant. 3.
- The Visa Member is responsible for all funds held in reserve that are derived from settlement. 4.
- The Visa Member is responsible for educating Merchants on any Visa International Operating Regulations with which Merchants must comply 5. during the course of operation.

Important Merchant Responsibilities:

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

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

Bruce Lingbler Merchant's Signature

Jan. 13, 2021

Date



Bruce Singleterry

Merchant's Printed Name

Owner

Title