



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

**APPLICATION FOR MERCHANT AGREEMENT**

Processor's Sales Rep Name: Impact Conversion Need DL

**Business Information**

<u>A &amp; J Salvage LLC</u>			<u>A &amp; J Salvage LLC</u>		
Merchant Legal Business Name			DBA Name		
<u>1297 N Hwy 51 South</u>			<u>1297 N Hwy 51 South</u>		
Mailing Address			DBA Address (Physical, No PO Boxes)		
<u>UNION CITY</u>	<u>Tennessee</u>	<u>38261</u>	<u>UNION CITY</u>	<u>Tennessee</u>	<u>38261</u>
City	State	Zip	City	State	Zip
<u>7318857900</u>			<u>7318857900</u>		
Legal Phone #	Legal Fax #		DBA Phone #	DBA Fax #	
<u>621049800</u>	<u>41</u> Yrs. <u>41</u> Mos.	<input type="checkbox"/> New business <input type="checkbox"/> New owner			
Federal Tax ID # (Must be 9 digits)	Length	Owned	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	List months	
			Date Opened: <u>01 jan 1981</u>		
Merchant State registration	E-mail Address: <u>info@aandjsalvage.com</u>	Business License	Web site Address:		
Any prior <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes: <input type="checkbox"/> Personal <input type="checkbox"/> Business	If yes, how long			
Type of	<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Corp, check one: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non <input type="checkbox"/> 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):  
Auto Salvage


Mailing Address (select  Legal  DBA  Location Contact: Jeffery Johnson Phone #: 7318857900

**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  Kim Johnson / Owner Nov. 22, 2022  
 Merchant Signature Print Name/Title Date:

Section 1: Business Form of Identification								Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:			
Govt Issued Business License				<input checked="" type="checkbox"/>	Date and Place of Issuance:				Drivers License:	057905867	Name:	Kim Johnson			
Tax Return				<input type="checkbox"/>	ID/Tax ID Number:		621049800		State ID:		Date of Birth:	01 sep 1965			
Corporate Resolution				<input type="checkbox"/>	Expiration Date:				Passport:		DL/ID#:	057905867			
Entity Agencies				<input type="checkbox"/>	Type Fin'l St				Military ID:		Date of Issuance:				
Business financial Statement				<input type="checkbox"/>	Resident Alien ID:				Mexican Consulate ID:		State of Issuance:	None			
Partnership Agreement				<input type="checkbox"/>	Address:		450 E HIGHWAY 22		Expiration:	Aug 20, 2028					
Section III															
<input type="checkbox"/> On site visit done by Sales Rep				<input type="checkbox"/> Business Consistent with Application (including any e-Commerce addendums(s))											
Address of location inspected:				<input type="checkbox"/> DBA Address	<input type="checkbox"/> Legal Address	<input type="checkbox"/> URL listed in eCommerce addendum		<input type="checkbox"/> Other Address:							
Does name posted at business match name on application				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does inventory volume appear to be sufficient?				<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Does location have appropriate business signage				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are store hours posted?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Number of employees: /td>			
Did you view merchant's inventory?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Get Samples?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you get Interior/exterior photos?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was inventory consistent with merchant's type of business?				<input type="checkbox"/> 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 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 www.securebancard.com)			Residential Address (City, State, Zip)			Residential Phone #				
Kim Johnson	Owner		51/41 yrs		****9843			450 E HIGHWAY 22, UNION CITY, TN, 38261			7318857900				
Bank Information															
Name of Financial Institution			Account number		Routing #		Phone #		Contact		Date Opened				
First citizens			***1329		084301042										
*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. <b>REQUIRED: ATTACH VOIDED CHECK</b>															
Please select one for ACH account type listed above: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Bank GL account															
Trade / Business References															
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:															





eCommerce Application Addendum					
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:	Website DBA:			
Customer Service: email address:	info@aandjsalvage.com	Telephone:	7318857900	List all links to other websites:	
Web Hosting Service Name:	Address:		Contact Telephone:		
Fullfillment House Name:	Address:		Contact Telephone:		
How do you advertise:	(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
Do you bill customer's card before shipping product or performing service? <input type="checkbox"/> Yes <input type="checkbox"/> 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, 706-649-4900.

**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 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 quasi-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 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	
 <span style="color: red;">X 1</span>	Nov. 22, 2022	 <span style="color: red;">X 1</span>	Nov. 22, 2022
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Kim Johnson	Owner	Kim Johnson	
Print Name	Title	Print Name (No Titles)	
<span style="color: red;">X 2</span>		<span style="color: red;">X 2</span>	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
<span style="color: red;">X 3</span>		<span style="color: red;">X 3</span>	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	

FOR INTERNAL USE ONLY			
<span style="color: red;">X</span>		<span style="color: red;">X</span>	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	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, 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 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 will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to 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):  
Nov. 22, 2022

Merchant Legal Name: Kim Johnson Merchant Federal Tax ID (as it appears on income tax return): 825005966 Merchant State of formation/Incorporation:  
TN Merchant Address: 450 E HIGHWAY 22, UNION CITY, TN, 38261 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: 51 %
Kim Johnson	Owner				
Individual's Home (Street) Address (No P.O. Box) 450 E HIGHWAY 22	City, State, Zip UNION CITY, TN, 38261				Date of birth 01 sep 1965
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****9843				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 ± _____	State/Country of Issuance tennessee	Date Issued 20 aug 2020	Expiration Date 20 aug 2028	Number on ID: 057905867	
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 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 ± _____	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/>
Id Type:* <input 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 ± _____	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 UNION CITY, ,				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 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 ± _____	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:	
Control Prong (and/or additional Beneficial Owner) Legal Name Kim Johnson	Title Owner				% of Legal Entity Ownership: 51 %
Individual's Home (Street) Address (No P.O. Box) 450 E HIGHWAY 22	City, State, Zip UNION CITY, TN, 38261				Date of birth 01 sep 1965
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****9843				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 ± _____	State/Country of Issuance tennessee	Date Issued 20 aug 2020	Expiration Date 20 aug 2028	Number on ID: 057905867	

\*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.



Nov. 22,  
2022

Kim Johnson

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**

Nov. 22, 2022  
\_\_\_\_\_

Date

Kim Johnson  
\_\_\_\_\_

Merchant's Printed Name

Owner  
\_\_\_\_\_

Title