

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: Impact PaySystem CNP

usiness information							
MetaOps, Inc				MetaOps Inc			
lerchant Legal Business Name				DBA Name			
10343 RS Avenue				10343 RS Avenue			
ailing Address			_	DBA Address (Physica	al, No PO Boxes)		
Mattawan	Michigan	49071		Mattawan		Michigan	49071
ity	State	Zip	-	City		State Zi	0
7344251455	7349436608	:		2485686485			
egal Phone #	Legal Fax #			DBA Phone #		DBA Fax #	
043709048	16 Yrs.	16 Mos. New b	usiness 🗌 New owner	Seasonal? 🗌 Yes 🗌 No 🛛 List n	nonths		
ederal Tax ID # (Must be 9 digits)	Length C		Business License	Date Opene	01 mar 2002		
erchant State registration		E-mail Address:	CRABTREE@METAOPS			METAOPS.CO	ом
-			ness If yes, how long				
		Internet 06 N	1oil 06 T	el % Bus-to-Bus	%		
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Merchant initials____KC

	T / Site Survey											
PATRIOT ACT	record information ame, physical address	To help t	he governme	nt fight the fu	unding of terr	rorism and	d money laundering a	activities, the	USA Pa	triot Act requires	all financi	al institutions to
ask for your na	ame, physical address r identifying documer	, date of	birth, taxpaye	r identificatio	on number a	nd other i	nformation that will a	llow us to ide	entify you	. We may also a	sk to see	your driver's
license of othe	a identifying documer	its. Comp	JELE SECLIOIS	i anu n anu			iver s License requir	eu use oun		y II HO DHVELS LI	661156 1550	ieu.)
Busines	Section 1: s Form of Identificat	ion		Applicat Items Revie			Sectio Individua Identifi	Form of		lte	Applicab ems Revie	le wed:
			Business Na	ame:								
Govt Issued B	usiness License		Date and Pl Issuance:	ace of		C	Privers License:	C613469744	4539	Name:	Ki	m Crabtree
Tax Return				1		S	State ID:			Date of Birth:	07	jul 1957
Corporate Res	olution		ID/Tax ID N	umber: 04	43709048		Passport:			DL/ID#:	C	613469744539
Entity Agencie	S						Ailitary ID:			Date of Issuan	ce:	
Business finan	icial Statement		Expiration D	ate:		N	Nexican Consulate			State of Issuar	nce: No	one
Partnership Ag	greement						-			Expiration:	Ju	l 07, 2025
			Type Fin'l S	't		F	Resident Alien ID:			Address:	10	343 RS Ave
Section III												
On site visit	done by Sales Rep		B	usiness Con	sistent with A	Applicatio	n (including any e-Co	ommerce add	lendums	(s))		
	ocation inspected:		BA Address		I Address		listed in eCommerc	o oddondum		Other Addres	·C'	
Address of 1	ocation inspected.		BA Address	Leya	Audress			e auuenuum			.5.	
Does name po	sted at business mat	ch name (on application	Yes 🗌 I	No	Doe	es inventory volume a	appear to be	sufficient	t? 🗌 Yes 📃 No		
	have appropriate bus						store hours posted?			er of employees:	/td>	
	nerchant's inventory?				Yes No	Did y	ou get Interior/exterio	or photos?	Yes	No		
was inventory	consistent with merc	nant's typ	e of business	? Yes			Comments:					
* Signature of	Sales Representative	:					Date:					
* By signing at	ove you hereby ackn	owledge	that the inform	nation listed	herein is tru	e and acc	urate and was perso	nally observe	ed on the	indicated decum	nent and	at the indicated
address and (i	n the case of informat	ion lintod								indicaled docur		
address and (i		ion listed	below in the	e-Commerce	e addendum	(s)) indica	curate and was perso ated URL(s) as applic	cable.	ou on and	e indicated docur	nent, anu	
		ion listed	below in the	e-Commerce	e addendum	(s)) indica	ated URL(s) as applic	cable.	su on aic	indicated docum	nent, and	at the indicated
Principal Info		ion listed	below in the	e-Commerce	e addendum	(s)) indica	ated URL(s) as applic	cable.		indicated docur	nent, and	
		Date of		e-Commerco Ownership			ated URL(s) as applic			Residential Addre		Residential
Principal Info	rmation					Social S		s privacy			ess	
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Principal Info Principal's	rmation			Ownership	% of Time Spent In	Social S policy fo security	ecurity # (Processor's or collection and use o	s privacy of social		Residential Addre	ess	Residential
Principal Info Principal's	rmation			Ownership	% of Time Spent In	Social S policy fo security	ecurity # (Processor's or collection and use o numbers can be foun curebancard.com)	s privacy of social	1	Residential Addre	ess)	Residential
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2 of 6

	3 of 6			Merchant initials	КС
Processing Information					
Card Types Accepted:	 All Visa/MasterCard/Discover Cards All Discover Cards JCB** American Express ** Diners/Carte Blanche** 	Vis Ma	sterCard Credit Cards a a Credit Cards and Busi sterCard Debit cards on a Debit cards only N Based Debit/EBT Card	iness Cards only Ny	
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sale Monthly \$ <u>15000.0</u> 0 Annual \$ Projected Visa/MC/DISC/Amex High <u>\$2500.00</u>	Electronic key-entered (with Electronic card not present Touch-tone card not presen Ticket Touch-tone card not presen Mail/Telephone Order (card eCommerce (card not presen	n imprints) (w/out imprints) DR ht (with imprints) ht (no imprints) I not present)	0% 100% None% % None% None%		rty fulfillment? Yes 'yes'' and phone number:
	nternet: supply copy of print advertising, cata dio tape (Radio or IVR), and Web-page scree /o getting signature? INo Yes		S	Do you bill your customer p shipped? If yes, how many 3-30 days 31-60 days Dver 90 days	days? 🔲 0-2 days
How do you advertise? 🗌 Yellow pa	ges 🔲 Telemarketing 🔲 Catalog 🔲 Internet 🗌	Word of mouth 🗌 Pu	blications 🗌 Mass/Direc	ct mail 🗌 Other	
statements. If you are a MO/TO or e Actual chargeback volume for most i # of locations? If y None	before? Yes No If Yes: Processor Nam Commerce merchant, please provide most re ecent 3 months \$ ou are affiliated with an existing account, plea ependent contractors or agents or mercha	ecent 6 months of proce 6 months \$ ase provide existing me	essing statements.) rchant ID#:		processing
		Llow long at our	ent locations(s)?:		
Merchant Owns Leases Locatio		How long at curr	ent locations(s)?.		
Name/address of mortgage holder/land					
Other significant Merchant Contacts w	in unio parties.				
American Express Existing Accounts: If you currently accept AXP payment account. Existing AXP SE #:	s, and your AXP volume is less than \$1MM a	nnually, you must subn	nit your existing AXP#. V	We will assign you a new A	XP # for this
If you currently accept AXP payment	s in excess of \$1MM annually, please provide	e your existing AXP#, se	o so we can convey this	to AXP on your behalf.	
	payments, and your annual volume is less that	an \$1MM, if you reques	t AXP, we will assign yc	ou an AXP # for this accour	nt, so you can start
If you do not currently have an AXP	#, and your annual volume is more than \$1MM	N, we will contact AXP	on your behalf.		
offers or promotions of AXP products	ore than \$1MM annually, you may be moved s or services from AXP via offline or on-line m at it may take some time, consistent with appli	neans (such as tradition	al mail and telephone), p	please contact customer se	
Call Secure Bancard, LLC Customer	Service at: 1-855-271-1500				
	all Card Association card types. Some Point (responsibility to enforce this. If you request A				
** Denotes Services and Programs Merchant Bank has no responsibili	listed above or below in this Application, v y or liability therefor.	which are provided by	Processor and its cor	ntractors and not by Merc	chant Bank.

Merchant initials K C

FEE SCHEDULE

4 of 6

** Equipment Options				Purchase	Purchase			Purchase	Merchant		
Model			Qty	New	Refurbished		Rent	Other Source	Owned		Pri
Ferminal											5
Ferminal Printer											6
PIN Pad											6
Imprinter				Purchase Only							
Other											6
.											
<u>Shipping, handling and tax will be</u> Equipment Billing to:	e billed in a	ddition to		rchant Agent O							
Ship Equipment to:				A Legal Agent							
Send Welcome Kit to:				A Legal Agent							
Merchant training provided by:			Pro	cessor Agent C	other:						
SERVICE ACCEPTANCE AND	FEE SCHE	DULE									
_					_						
Discount Rates 📕 🛛 Interchange F	Pass Throug	h Discount	Rate	0.40 % Per Item \$	0.15	Association	Dues & Asses	ssments Pass Through			
Rate 1	%	Per Item	\$Ra	te 2		%	Per Item \$	Rate 3		%	Per I
/isa Qual Credit			Vis	a Mid-Qual Credit				Visa Non-Qual Credit			
Master Card Qual Credit	0.40	0.15	Ma	ster Mid-Card Qual Credit				Master Non-Card Qual Credit			
Discover Network - PayPal Qual Credit				scover Netword - PayPal Mi	-			Discover Network - PayPal Non-0	-		
American Express Qual Credit				nerican Express Mid-Qual C	redit			American Express Non-Qual Cre	dit		
Visa Qual Debit				a Mid-Qual Debit				Visa Non-Qual Debit			
Master Card Qual Debit Discover Network - PayPal Qual Debit				ister Card Mid-Qual Debit scover Network - PayPal Mid	d Qual Dahit			Master Card Non-Qual Debit Discover Network - PayPal Non-0	Qual Dahit		-
Pin Debit			EB		a-Quai Debit			Star	γιαι Debit	\$1 per mo	nth
Non-Bankcard Types Accepted								_			
JCB Card %	Diner	s Carte E	Blanch	e%	Amerio	an Expre	ss Discount	rate%OR			
Monthly Flat Fee: \$		Monthly	Gross	Pay 📃 Daily Gr	ross Pay 📃 🛛 I	Retail \$	Trans Fee	e +% OR 🗌			
Est. Annual Amex Volume: \$	None			Est. Avei	rage Amex Tic	Non ket: \$	e				
AMEX Pay Frequency 🗌 3	day	🗌 15 da	y I	30 day Amex F	ees disclosed	in this se	ction are bil	led by American Expres	i <u>s</u>		
Miscellaneous Fees:											
Monthly Statement Fee \$	O Applica	ation/Set	up Fe	e \$ ACH Reje	ct/Change Fee	25.00	Online Me	rchant Portal \$ m	onthly		
Chargeback/Retrieval Fee \$ <u>-</u>	25.00/15. @ac ł	n Month	ly Min	imum: \$ <u>None</u> Vo	oice Auth/ARU	Fee \$ <u>Non</u>	E ACH B	Batch Fee \$ <u>None</u>	each		
ACH Debit \$1.00 Upon Accou	unt Approv		ee \$	each CVV2 Fe				ne Nor _each Annual Fee \$	ie		
** Administrative Maintenanc	e Fee \$	ne moi	nthly *	* PCI Non Complian	ice Fee \$	monthl	y ** Gateway	Fee \$ monthly			
** Other \$per	Descrip	otion			None Other \$	per Nor	neDescri	iption			
Early Termination Fee: \$	ne ** PC	CI month	-		None	News					
Authorization Fees: \$	America	an Expre		MasterCard	None \$Visa	None a \$	_ Discover \$	5			
See Sec	tions 13.b	iv and 1.	B of th	e Agreement for oth	ner fees that m	ay be ass	essed due t	o the action or inaction	of Merchant		

5 of 6

Merchant initials

KC

Number of e-Comm	of e-Commerce websites: (If more than 1, comple			plete, initial and attach an additional copy of this page for each additional website)				
Website URL:	WWW.METAOPS.CC	M Website ser	Website server IP Address:		Website DBA:			
Customer Service:	email address:	KCRABTRE	E@METAOPS.COM	Telephone:	7344251455	List all links to other web	osites:	
Web Hosting Service	ce Name:			Address:		Contact Telephone:		
Fullfillment House	Name:		4			Contact Telephone:		
How do you advert	ise:			(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
Do you bill customer's card before shipping product or performing service?			If Yes, how n before?	nany days				
What is your return/refund policy?			Website Security Method:					
Digital Certificate Is	ssuer:			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.

Merchant Signatures and Guarantor Signatures

eCommerce Application Addendum

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 as originals of other document; bearing Merchant's and Guarantor(s)'s signa

AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I representthat 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 Accep-tance 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 inthis 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 American Express' agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I alsoauthorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read andunderstand the English language. Please read the American Express Privacy Statement at

http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will beprovided 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

$\sim a/l$	
X1) Ker Clabt	Nov. 15, 2022
Principal/Owner for Merchant	Date
Kim Crabtree	Owner
Print Name	Title
X 2)	
Principal/Owner for Merchant	Date
Print Name	Title
X 3)	
Principal/Owner for Merchant	Date
Print Name	Title

GUARANTOR SIGNATURES	
X1) Ker Calt	Nov. 15, 2022
Guarantor Signature (No Titles)	Date
Kim Crabtree	
Print Name (No Titles)	
X 2)	
Guarantor Signature (No Titles)	Date
Print Name (No Titles)	
X 3)	
Guarantor Signature (No Titles)	Date
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

6 of 6

Merchant initials

КС

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 including any patriot Act/customer identification including any other Patriot Act/customer identification on 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 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 co

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Nov. 15, 2022

Merchant Legal Name:	Kim Crabtree	Merchant Federal Tax ID (as it appears on income tax return):	043709048	Merchant State of formation/Incorporation:
MI Merchant Address:	10343 RS Ave, Matt	awan, MI, 49071	Mer	chant Entity Type

Corporation

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 interests of 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: 51 %
City, State, Zip Mattawan, MI, 49071			Date of birth 07 jul 1957
(SSN)/Individual Taxpayer Ide *******1545	entification No. (ITIN):	Control Prong?
State/Country of Issuance MI	Date Issued 21 oct 2021	Expiration Date 07 jul 2025	Number on ID: C613469744539
Title VICE president			% of Legal Entity OwnerShip: 49 %
(SSN)/Individual Taxpayer Ide *****2924	entification No. (ITIN):	Control Prong?
State/Country of Issuance MICHIGAN	Date Issued 24 may 2021	Expiration Date 02 jun 2025	Number on ID: C613744765415
Title			% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box) City, State, Zip			
(SSN)/Individual Taxpayer Ide	entification No. (ITIN):	Control Prong?
State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Title			% of Legal Entity OwnerShip: None %
City, State, Zip Mattawan, ,			Date of birth None
(SSN)/Individual Taxpayer Ide	entification No. (TIN):	Control Prong?
State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Title Owner			% of Legal Entity OwnerShip: 51 %
City, State, Zip Mattawan, MI, 49071			Date of birth 07 jul 1957
(SSN)/Individual Taxpayer Ide *******1545	entification No. (ITIN):	Control Prong?
State/Country of Issuance MI	Date Issued 21 oct 2021	Expiration Date 07 jul 2025	Number on ID: C613469744539
	Owner City, State, Zip Mattawan, MI, 49071 (SSN)/Individual Taxpayer Ide *****1545 State/Country of Issuance MI Title president (SSN)/Individual Taxpayer Ide *****2924 State/Country of Issuance MICHIGAN Title City, State, Zip '.' (SSN)/Individual Taxpayer Ide ***** State/Country of Issuance MICHIGAN Title City, State, Zip '.' (SSN)/Individual Taxpayer Ide State/Country of Issuance Title City, State, Zip Mattawan, , (SSN)/Individual Taxpayer Ide State/Country of Issuance Title City, State, Zip Mattawan, MI, 49071 (SSN)/Individual Taxpayer Ide *******1545 State/Country of Issuance MI	Owner City, State, Zip Mattawan, MI, 49071 (SSN)/Individual Taxpayer Identification No. (I ******1545 State/Country of Issuance MI Date Issued 21 oct 2021 Title VICE president (SSN)/Individual Taxpayer Identification No. (I *****2924 State/Country of Issuance MICHIGAN Date Issued 24 may 2021 Title City, State, Zip '' (SSN)/Individual Taxpayer Identification No. (I *****2924 State/Country of Issuance MICHIGAN Date Issued 24 may 2021 Title City, State, Zip '' (SSN)/Individual Taxpayer Identification No. (I State/Country of Issuance None Title City, State, Zip Mattawan, , (SSN)/Individual Taxpayer Identification No. (I State/Country of Issuance None Title Owner City, State, Zip Mattawan, MI, 49071 (SSN)/Individual Taxpayer Identification No. (I ******1545 State/Country of Issuance MI Date Issued None	Owner City, State, Zip Mattawan, MI, 49071 (SSN)/Individual Taxpayer Identification No. (ITIN): ******1545 State/Country of Issuance MI Date Issued 21 oct 2021 Expiration Date 07 jul 2025 Title VICE president (SSN)/Individual Taxpayer Identification No. (ITIN): *****2924 Expiration Date 02 jun 2025 State/Country of Issuance MICHIGAN Date Issued 24 may 2021 Expiration Date 02 jun 2025 Title

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:

Let nucleus 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.

Ker Calt

Nov. 15, 2022

Kim Crabtree

Authorized Signer Signature

Date Signed Authorized Signer Printed Name

Processor's Rep. Signature

Date Signed

Processor's Rep. Printed Name

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

Ker Claft Merchant's Signature	Nov. 15, 2022
Merchant's Signature	Date
Kim Crabtree	Owner
Merchant's Printed Name	Title