

# Front Cover Sheet

Business (DBA): Kentucky Natural Hemp LLC  
Contact First Name: Keith  
Contact Last Name: Rector  
Business Address: 3617 Barrow Lane  
City: Lexington State: KY Zip: 40502  
Business Phone #: 859-396-8863  
Rep Number: 41411

**CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)**

## **Retail Face-to Face Company**

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
  - o If a PG is not obtained – Most current year 3<sup>rd</sup> Party (reviewed or audited) Financial Statements\*\*. If financials are not prepared by a 3<sup>rd</sup> Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
    - o Exception – Furniture companies must provide 2 years 3<sup>rd</sup> Party prepared Financial Statements.

Complete Company Application Sales Worksheet (1 page)

Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

### *Commonly Used Documents*

- "Certified" Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

### *Alternate Acceptable Documents*

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

## **Additional Requirements for Card Not Present Companies**

- o 3 months of CURRENT processing statements if currently processing

## **Additional Requirements for Internet Companies**

- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
  - o Company's name must be displayed on the website
  - o Clear posting of the company's Customer Service Telephone Number / email address
  - o Refund/Return policy
  - o Delivery methods and timing
  - o Privacy policy
  - o Products/Service prices listed
  - o Secure Checkout page
  - o Domain registered to company (in US/Canada only)

## **Additional Requirements for a Non-Profit Company**

- o Proof of tax exempt status (501-C3)

\*\* Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

**NEW COMPANY APPLICATION**

<b>1 COMPANY INFORMATION</b>			
◆ DBA NAME: <b>Kentucky Natural Hemp LLC</b>			
CONTACT NAME: <b>Keith Rector</b>			
◆ DBA ADDRESS TYPE: <b>BSA</b> ◆ DBA ADDRESS1 (NO PO BOX): <b>3617 Barrow Lane</b>			
DBA ADDRESS 2:			
◆ CITY: <b>Lexington</b>	◆ STATE: <b>KY</b>	◆ ZIP CODE: <b>40502</b>	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: <b>USA</b>			
◆ BUSINESS COUNTRY OF FORMATION: <b>USA</b>		◆ DBA PHONE #: <b>859-396-8863</b>	
◆ EMAIL ADDRESS: <b>keith@kynaturalcbd.com</b>		DBA FAX #:	
YEAR ESTABLISHED: <b>2018</b>		MOBILE PHONE #: <b>859-396-8863</b>	
◆ LENGTH OF CURRENT OWNERSHIP: <b>0</b> YEARS, <b>4</b> MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION: <b>NON</b>			
<b>2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)</b>			
<input type="checkbox"/> MAILING <input checked="" type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME: <b>Kentucky Natural Hemp LLC</b>		PHONE #: <b>859-396-8863</b>	
CONTACT: <b>Keith Rector</b>		FAX #:	
ADDRESS: <b>3617 Barrow Lane</b>	CITY: <b>Lexington</b>	STATE: <b>KY</b>	ZIP CODE: <b>40502</b>
<b>STATEMENTS/ RETRIEVALS /CHARGEBACKS</b>			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
CHARGEBACKS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
<b>3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)</b>			
◆ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP <b>100 %</b>		<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS? <b>NO</b>	<input checked="" type="checkbox"/> RESPONSIBLE PARTY	TITLE: <b>AS</b>	IF OTHER:
◆ FIRST NAME: <b>Keith</b>	◆ MIDDLE NAME:	◆ LAST NAME: <b>Rector</b>	
◆ ADDRESS TYPE: <b>PRA</b> ◆ ADDRESS (NO PO BOX): <b>3617 Barrow Wood Lane</b>			
◆ CITY: <b>LEXINGTON</b>	◆ STATE/PROVINCE: <b>KY</b>	◆ ZIP/POSTAL CODE: <b>40502</b>	◆ COUNTRY: <b>USA</b>
◆ DOB: <b>03/20/1959</b>	◆ US PERSON: <b>Yes</b>	◆ PHONE #: <b>859-396-8863</b>	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: <b>SSN</b>	◆ ID #: <b>403047973</b>	◆ IF OTHER - ID TYPE:	
◆ IF OTHER ID #:	◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:	
<b>OTHER COMPANY INFORMATION</b>			
◆ AVERAGE SALE AMOUNT: \$ <b>150</b>	<input type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$ <b>3500</b>	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT _____ %	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: <b>15</b>	<input checked="" type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* _____ %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ <b>20000</b>	<input type="checkbox"/> OMNI COMMERCE	INTERNET* <u>100</u> %	
◆ ANNUAL REVENUE: \$ <b>240000</b>	◆ INTERNET : PRODUCT WEBSITE: <b>www.kynaturalcbd.com</b>		
◆ INDUSTRY TYPE: <b>IN</b>	◆ INTERNET: "CONTACT Us" EMAIL: <b>keith@kynaturalcbd.com</b>		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: <b>CBD Oil Products</b>	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
SPECIAL PROGRAM MCC ONLY: <b>5912E</b>	◆ CUSTOMER SERVICE PHONE #: <b>859-396-8863</b>		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, <b>5</b> # OF DAYS (INCLUDE SHIPPING TIME FRAME) <b>time of order</b>	◆ PREVIOUS PROCESSOR: <b>Not Available</b>		
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆ DEPOSIT BANK NAME: <b>TRADITIONAL BANK</b>	◆ ABA/ROUTING #: <b>042101514</b>	◆ DDA ACCOUNT #: <b>55296327</b>
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14	<input type="checkbox"/> Fast Track Funding	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)	PRICING CATEGORY
<input type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER* <input checked="" type="checkbox"/> VISA CREDIT <input checked="" type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input checked="" type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input checked="" type="checkbox"/> AMEX	<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU <input type="checkbox"/> LODGING <input type="checkbox"/> OMNI COMMERCE (TIERED & EICP ONLY) <input type="checkbox"/> SUPERMARKET

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.							
<input type="checkbox"/> TIERED <input type="checkbox"/> FIXED OR <input type="checkbox"/> ENHANCED IC PLUS QUALIFIED MID QUALIFIED NON QUALIFIED OTHER TIER REWARDS TIER (T-opt / EIC-req) COMMERCIAL CARD TIER (T-opt / EIC-req)	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE	\$
	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING	\$
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	RETURN ITEM FEE/NSF (PER OCCUR)	\$5
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ACCOUNT MAINTENANCE	\$
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	CHARGEBACK (PER OCCUR)	\$15
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ANNUAL FEE START DATE:	\$
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY MINIMUM	\$
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY SERVICE FEE	\$10
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$0.000
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$0.000
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$0.000
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$0.000
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	STATEMENT: <input type="checkbox"/> ELECTRONIC OR <input checked="" type="checkbox"/> PAPER	
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	<b>PRICING PROGRAMS</b>	
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONETARY PROGRAM:	
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	AUTH PROGRAM: 49181	
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	EQUIPMENT: 59999	
	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MISCELLANEOUS: 59999	

AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE	
VISA	\$ 0.120	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 1.950	<input checked="" type="checkbox"/> ASSOC COMPLIANCE	\$6.00
MASTERCARD	\$ 0.120	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED	\$ 0.95	<input type="checkbox"/> SAFE T SILVER	
DISCOVER	\$ 0.120	DIAL COMMUNICATION	\$ 0.030	VOICE - WITH AVS	\$ 2.2	<input type="checkbox"/> SAFE T GOLD	
AMEX	\$ 0.120	OTHER:	\$ ___	VOICE - BANK REFERRAL	\$ 4	Per month, taxes and other fees may apply, see company representation and certifications)	

PIN DEBIT							
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input checked="" type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)				AUTH: <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)			
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ___ % + \$ ___ AUTH \$ ___				PIN DEBIT MONTHLY FEE \$ ___			
INTERLINK	___ % + \$ ___ AUTH \$ ___	MAESTRO	___ % + \$ ___ AUTH \$ ___	UPDBT	___ % + \$ ___ AUTH \$ ___	ACCEL	___ % + \$ ___ AUTH \$ ___
AFFN	___ % + \$ ___ AUTH \$ ___	ALASKA	___ % + \$ ___ AUTH \$ ___	CU24	___ % + \$ ___ AUTH \$ ___	NETS	___ % + \$ ___ AUTH \$ ___
NYCE	___ % + \$ ___ AUTH \$ ___	PULSE	___ % + \$ ___ AUTH \$ ___	SHAZAM	___ % + \$ ___ AUTH \$ ___	STAR	___ % + \$ ___ AUTH \$ ___

OTHER CARD TYPES EXISTING							
AMEX	SE # (10 DIGITS):	PER AUTH: \$	EBT	SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)	
OTHER	SE #:	PER AUTH: \$	OTHER	SE #:	PER AUTH: \$	<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)	

**POINT OF SALE (EQUIPMENT OR SOFTWARE)**

NETWORK:  ELAVON  OTHER  A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION: \_\_\_\_\_ COMMUNICATION METHOD (IP DEFAULT):  DIAL

VAR SERVICE PROVIDER (HOSTED): Authorize.NET VAR (DISTRIBUTED): \_\_\_\_\_ VENDOR: \_\_\_\_\_ PRODUCT: Authorize.NET VERSION: \_\_\_\_\_

# OF TIDS: 1 TID TYPE (OMNI ONLY): \_\_\_\_\_ # OF TIDS: \_\_\_\_\_ TID TYPE (OMNI ONLY): \_\_\_\_\_

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	LEASE**	EXISTING	EXCHANGE
				\$ 0.00	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED.  SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

\*\*PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED.

SATURDAY DELIVERY  NEXT DAY AIR  2<sup>ND</sup> DAY AIR **ELAVON BILLS ONE TIME FEES**

Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.

ADDITIONAL POS SERVICES:	DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE
		\$	\$	\$	\$
		\$	\$	\$	\$

**TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)**

RETAIL (AUTO CLOSE DEFAULT)  QUICK CLOSE  STORE AND FORWARD  NO SIGNATURE  CONTACTLESS (+ NO SIGNATURE)

RESTAURANT (QUICK CLOSE DEFAULT)  TIP FUNCTION (DEFAULT)  FINE DINING  TAB FUNCTION

CARD NOT PRESENT (AUTO CLOSE DEFAULT)  QUICK CLOSE  LODGING (QUICK CLOSE DEFAULT)  QUICK STAY

CUSTOM PROMPTS:  TERMINAL AUTO CLOSE (RTL, MOTO) \_\_\_\_\_ TIME ZONE \_\_\_\_\_  CASH BACK PIN DEBIT (RTL): \$ \_\_\_\_\_ (MAX)  CUSTOM FOOTER: \_\_\_\_\_

(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)  NO TIP (REST)  NO SERVER PROMPT (REST)  CLERK PROMPT (RTL)  REMOVE SECURITY PROMPTS (FORM REQUIRED)  TIP FUNCTION WATER (RTL)  TIP FUNCTION CASHIER (RTL)

TRAINING (DEFAULT = NO TRAINING):  TRAINING PHONE INFORMATION: ACCESS #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

X \_\_\_\_\_ I understand that I am entering into a \_\_\_\_\_-month commercial equipment lease for credit-card processing equipment. I understand this is a NON-CANCELLABLE commercial equipment lease and that I will be required to make monthly payments of \$ \_\_\_\_\_ under this lease for the entire \_\_\_\_\_-month term, regardless of any representations made by the Sales Representative. Under a \_\_\_\_\_-month term with a monthly payments of \$ \_\_\_\_\_, I understand the approximate total cost of the equipment lease to be \$ \_\_\_\_\_. I also realize that I will have to pay applicable sales tax every month and, if I do not provide evidence of insurance, I will be charged an additional \$4.95 monthly to cover equipment. I understand the equipment lease may be more expensive than purchasing the same equipment outright, and that I have had an opportunity to research the cost to purchase the same equipment outright. As an alternative to a lease, I understand I may purchase the equipment outright at the time of the lease application for the amount of \$ \_\_\_\_\_. Finally, I understand that I will be personally responsible for making payments under this lease and that any failure to pay all amounts when due may result in additional charges, potential damage to my credit rating, and/or legal action against me to collect both past and future payments owed under the lease. The end of lease residual value is \$ \_\_\_\_\_ plus taxes if applicable.

Company hereby authorizes Elavon, through its Ladco Leasing division ("Lessor"), to automatically withdraw Company's monthly lease payments and any amounts, including any and all taxes or other charges, owed in accordance with the lease, as applicable, by initiating debit entries to Company's account at the financial institution ("Bank") indicated hereon or such other financial institution used by Company from time to time. A lease payment (whether paid by debit or other means) that is not honored by Bank for any reason will be subject to a returned item service fee imposed by Lessor. Upon completion of the lease term, this authorization shall remain in effect until Lessor has received written notice from Company of its termination.

▶BANK NAME: \_\_\_\_\_ ▶ABA/ROUTING #: \_\_\_\_\_ ▶DDA ACCOUNT #: \_\_\_\_\_

LADCO VENDOR CODE: \_\_\_\_\_ LEASE PLAN: \_\_\_\_\_

**REPORT TOOLS**

MCP ONLY  OR  MCP WITH OCM MONTHLY FEE \$ \_\_\_\_\_ SETUP FEE \$ \_\_\_\_\_ # USERS \_\_\_\_\_ SETUP TYPE (CHECK ONE)  MID  CHN  ENT

ACS MONTHLY FEE \$ \_\_\_\_\_ SETUP FEE \$ \_\_\_\_\_ REMOTE ID \_\_\_\_\_

**SUBSTITUTE FORM 700**

SOLE PROPRIETOR   
  C CORPORATION   
  S CORPORATION   
  PARTNERSHIP   
  LIMITED LIABILITY COMPANY (LLC)

TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)   
  GOVERNMENT   
  TRUST   
  ESTATE

LIMITED LIABILITY COMPANY - TAX CLASSIFICATION:  DISREGARDED ENTITY   
  S CORPORATION   
  PARTNERSHIP   
 (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME: Kentucky Natural Hemp, LLC  
 (NAME OF BUSINESS AS SHOWN ON YOUR BUSINESS INCOME TAX RETURN. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.)

LEGAL BUSINESS ADDRESS (NO PO BOX): 3117 Barrow Lane, Knoxville OR TIN (EMPLOYER ID#): 63-2711000  
 CITY: Knoxville STATE: TN ZIP: 37902 OR TIN (SOCIAL SECURITY#): 403-01-79973

I, the undersigned, being duly authorized, hereby certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or person(s) in charge.

Company Representatives and Certification. By signing below, the undersigned, as a representative of the Company, certifies that the information provided in this Company Application is true and complete and properly reflects the business, financial condition, and principal persons, owners, or officers of the Company, and that the undersigned is duly authorized to bind the Company to all provisions of this Company Application and the Agreement. Further, by signing below, the undersigned certifies that the Company is subject to the terms and conditions set forth in the Terms of Service (TOS), including when taking payment, and has had its authority to bind the Company confirmed in writing by the undersigned.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will collect certain information and keep your records to allow us to identify you. Company and its representatives will provide you with a copy of this information and form from time to time. In order to open an account, you must provide this information and form to the individual and business history and background of the Company, each such representative and any other officers, partners, proprietors, and owners of the Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to verify the accuracy and completeness of this Company Application. Company will disclose any reports or credit reporting agency to the person to whom these reports pertain and to furnish that information to us.

The Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, when taken together, shall constitute the Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of the Company Application shall constitute a signed original.

By signing this document below you are agreeing on behalf of the Company to a mandatory arbitration provision set forth in the TOS and expressly incorporated herein. The Internal Revenue Service does not require your signature to any provision of this document. The undersigned hereby certifies that the undersigned is the legal entity owner, and the information provided about the beneficial owners of the individual with control over the legal entity owner is accurate and complete.

SIGNATURE: Keith Rector PRINTED NAME: Keith Rector TITLE: owner DATE: 2/1/19  
 SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

As a primary instrument to us to accept this Company Application, the undersigned (Guarantor), by signing the Company Application, jointly and severally, unconditionally and irrevocably guarantees the obtaining full and timely performance and payment by the Company of each of its debts and obligations to us, including, without limitation, Chargebacks and obligations in connection with Licensed Equipment, if applicable, pursuant to the Company Application and Agreement, in any event, the undersigned hereby certifies that the undersigned is the legal entity owner, and the information provided about the beneficial owners of the individual with control over the legal entity owner is accurate and complete.

SIGNATURE: Keith Rector PRINTED NAME: Keith Rector TITLE: \_\_\_\_\_ DATE: 2/1/19  
 SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or person(s) in charge.

SALES REP SIGNATURE: [Signature] PRINTED NAME: Joseph Karamouzas REP ID#: 41411 DATE: 2/1/19  
 REP PHONE #: \_\_\_\_\_ REP EMAIL: see at inspect.phys@lon EARTH USA-MSP-ELV-1010

# NEW COMPANY APPLICATION - VALUE ADDED SERVICES

(This page of the New Company Application is only required when enrolling for the Value Added Services listed below.)

COMPANY INFORMATION																																																																																																																																																																										
DBA NAME: <b>Kentucky Natural Hemp LLC</b>																																																																																																																																																																										
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ELECTRONIC CHECK SERVICE																																																																																																																																																																										
ANNUAL CHECK VOLUME: \$	AVERAGE CHECK AMOUNT: \$	MAXIMUM CHECK AMOUNT: \$	ECS MONTHLY MINIMUM: \$																																																																																																																																																																							
ECS - PAPER CHECK CONVERSION																																																																																																																																																																										
PROCESSING OPTIONS: <input type="checkbox"/> POP (POS IMAGE) <input type="checkbox"/> ARC (POS IMAGE) <input type="checkbox"/> BOC		<input type="checkbox"/> CONVERSION WITH GUARANTEE GUARANTEE RATE: % PER TRANSACTION: \$ <input type="checkbox"/> CONVERSION W/ VERIFICATION <u>OR</u> PER TRANSACTION: \$ PER RETURN TRANSACTION: \$ <input type="checkbox"/> COLLECTIONS <input type="checkbox"/> CONVERSION ONLY																																																																																																																																																																								
ACH CHECK - CHECK NOT PRESENT (CNP)																																																																																																																																																																										
PROCESSING OPTIONS: <input type="checkbox"/> CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP INDIVIDUAL ENROLLMENT (CHOOSE ONE) <input type="checkbox"/> WEB - INTERNET INITIATED <input type="checkbox"/> PPD - PREARRANGED PAYMENT <input type="checkbox"/> TEL/IVR - TELEPHONE INITIATED <input type="checkbox"/> CCD - CORPORATE TO CORPORATE CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP		<input type="checkbox"/> ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$____ PER RETURN TRANSACTION: \$____ <input type="checkbox"/> ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$____ PER RETURN TRANSACTION: \$____																																																																																																																																																																								
OTHER ECS CHECK CONVERSION SERVICES REQUESTED																																																																																																																																																																										
<input type="checkbox"/> PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE) <input type="checkbox"/> ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH PER MONTH		<input type="checkbox"/> NSF SERVICE FEE PROCESSING @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE NSF SERVICE FEE AMOUNT: <input type="checkbox"/> MAX ALLOWED OR <input type="checkbox"/> SPECIFIED SERVICE FEE AMOUNT \$____ (STATE MAX IS DEFAULT) ACH ECHECK NSF SERVICE FEE AMOUNT: <input type="checkbox"/> \$15 (DEFAULT) OR <input type="checkbox"/> SPECIFIED SERVICE FEE AMOUNT \$____ SPECIFY NSF RESUBMISSION ATTEMPTS: <input type="checkbox"/> 0 OR <input type="checkbox"/> 1 OR (2 IS THE DEFAULT)																																																																																																																																																																								
ACH CHECK QUESTIONNAIRE																																																																																																																																																																										
1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)? 2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> NEW 5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																										
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FANFARE PACKAGES																																																																																																																																																																										
<input type="checkbox"/> GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW)		SET-UP FEE: \$_____	MONTHLY FEE (PER MID): \$_____																																																																																																																																																																							
<input type="checkbox"/> BASIC LOYALTY (NO CARDS)		SET-UP FEE: \$_____	MONTHLY FEE (PER MID): \$_____																																																																																																																																																																							
<input type="checkbox"/> BASIC GIFT (INDICATE CARD ORDER BELOW)		SET-UP FEE: \$_____	MONTHLY FEE (PER MID): \$_____																																																																																																																																																																							
CARD ORDER & RE-ORDERS:																																																																																																																																																																										
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<input type="checkbox"/> STANDARD	CARD QUANTITY _____	PRICE \$_____	LOYALTY QUANTITY _____																																																																																																																																																																							
(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)																																																																																																																																																																										
ADDITIONAL OPTIONS:																																																																																																																																																																										
<input type="checkbox"/> MAX CARD VALUE \$_____ (DEFAULT \$1000)																																																																																																																																																																										
***STATE AND LOCAL TAXES MAY BE APPLIED TO FEES BILLED FOR FANFARE***																																																																																																																																																																										
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CARD STYLE:		TEXT COLOR:																																																																																																																																																																								
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IMPRINT: <input checked="" type="checkbox"/> LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: <a href="mailto:ARTWORK@ELAVON.COM">ARTWORK@ELAVON.COM</a> OR <input type="checkbox"/> TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW) ◆ FONT (SELECT ONE): <input checked="" type="checkbox"/> Arial <input type="checkbox"/> Bold Script <input type="checkbox"/> Times New Roman ◆ Text Case (select ONE): <input checked="" type="checkbox"/> Title Case <input type="checkbox"/> UPPER CASE <input type="checkbox"/> lower case <input type="checkbox"/> As submitted																																																																																																																																																																										
<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>																																																																																																																																																																										
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OTHER VALUE ADDED SERVICES																																																																																																																																																																										
<input type="checkbox"/> DYNAMIC CURRENCY CONVERSION (DCC):		DCC Conversion Rate: %	DCC Rebate: %																																																																																																																																																																							
		Annual DCC Registration Fee: \$	DCC Exchange Rate Source: <b>US Bank</b>																																																																																																																																																																							
HEALTHCARE: <input type="checkbox"/> TRANSEND PAY		RATE: 1.50%	PAYMENT LIMIT \$																																																																																																																																																																							
SIGNATURE (Signature below is only required when enrolling for the Value Added Services listed on this page.)																																																																																																																																																																										
BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.																																																																																																																																																																										
SIGNATURE _____		NAME & TITLE _____																																																																																																																																																																								
		DATE _____																																																																																																																																																																								

Initials

# SALES WORKSHEET

**DBA: Kentucky Natural Hemp LLC**

<b>ACCOUNT DESIGNATION</b>						
<input checked="" type="checkbox"/> <b>NEW LOCATION</b>	<input type="checkbox"/> <b>ADDITIONAL LOCATION</b>	<b>EXISTING MID:</b>		<b>EXISTING CHAIN #:</b>	<b>LOCATION</b>	<b>OF</b>
<b>PORTFOLIO CODE:</b>	<b>FI:</b>	<b>AGENT:</b>		<b>BANK:</b>	<b>MSP SHORT NAME: MSIMPACT</b>	
<b>CLIENT GROUP #:</b> 17	<b>ENTITY:</b> 44928		<b>REP #:</b> 41411		<b>AWB:</b>	
<b>ONSITE INSPECTION:</b>						
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:						
BUSINESS LOCATED IN: <input type="checkbox"/> SEPARATE BUILDING <input checked="" type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):						
<ul style="list-style-type: none"><li>• I HAVE PHYSICALLY BEEN ON SITE</li><li>• MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE)</li><li>• THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS</li><li>• MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS</li></ul>						
<b>PERSON MET WITH:</b>						
PRINTED NAME: Dee Karawadra			REP #: 41411		DATE: 02/13/2019	
<b>SPECIAL INSTRUCTIONS</b>						
CREDIT UNDERWRITING NOTES:						
ADDRESS NOTES: Mailing Address: Kentucky Natural Hemp LLC - Keith Rector 3617 Barrow Lane Lexington, KY 40502 Phone: 859-396-8863 Fax: Notes:						

### Additional Ownership

Principal Information 2 (Owner/Partner/Officer)	Percentage of Ownership				<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:		Middle Name:		Last Name:				
	DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:				
	If ID Type "Other"								
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:			
	Address/Type: :						Phone #:		
	City:				State/Province:		Zip/Postal Code:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.							<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:								
	City:			State/Province:			Zip/Postal Code:		
	Country(s) of citizenship:								
	Intermediary Business Information								
	Intermediary Business Name					Intermediary Contact Name			
	Intermediary Phone Number					Intermediary Email Address			
Principal Information 3 (Owner/Partner/Officer)	Percentage of Ownership				<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:		Middle Name:		Last Name:				
	DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:				
	If ID Type "Other"								
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:			
	Address/Type: :						Phone #:		
	City:				State/Province:		Zip/Postal Code:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.							<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:								
	City:			State/Province:			Zip/Postal Code:		
	Country(s) of citizenship:								
	Intermediary Business Information								
	Intermediary Business Name					Intermediary Contact Name			
	Intermediary Phone Number					Intermediary Email Address			
Principal Information 4 (Owner/Partner/Officer)	Percentage of Ownership				<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:		Middle Name:		Last Name:				
	DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:				
	If ID Type "Other"								
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:			
	Address/Type: :						Phone #:		
	City:				State/Province:		Zip/Postal Code:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.							<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:								
	City:			State/Province:			Zip/Postal Code:		
	Country(s) of citizenship:								
	Intermediary Business Information								
	Intermediary Business Name					Intermediary Contact Name			
	Intermediary Phone Number					Intermediary Email Address			



Principal Information 5 (Owner/Partner/Officer)	Percentage of Ownership				<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:			Middle Name:			Last Name:		
	DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:				
	If ID Type "Other"								
	Other ID Type:			Other ID#:			If Gov't Issued – ID Name:		
	Address/Type:						Phone #:		
	City:					State/Province:		Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.							<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:								
	City:			State/Province:			Zip/Postal Code:		
	Country(s) of citizenship:								
	Intermediary Business Information								
	Intermediary Business Name					Intermediary Contact Name			
	Intermediary Phone Number					Intermediary Email Address			