

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 CP

Neil Bevilacqua			Earth Lifter Tool	
Merchant Legal Business Name			DBA Name	
PO BOX 80			945 Coulter Brook Rd	
Mailing Address			DBA Address (Physical, No PO Bo	oxes)
Bovina Center	New York 13740		Bovina Center	New York 13740
City	State Zip		City	State Zip
6078324559			8458534919	
Legal Phone #	Legal Fax #		DBA Phone #	DBA Fax #
260111475	3 Y _{Yrs.} 3 Y _{Mos.} Ne	ew business 🗌 New owner 🛛 Seasonal	? 🗌 Yes 🗌 No 🛛 List months	
Federal Tax ID # (Must be 9 digits)	Length Owned		12 ma	r 2021
		Business License	Date Opened:	
Merchant State registration	E-mail Addres	s: neilbevi@gmail.com Web si	te Address:	
Any prior	Yes If yes: Personal E	Business If yes, how long		
		ip 📃 Ltd Partnership 📃 Corp, check o	aai 🗖 Dublia 🗖 Drivata 🗖 Nan	Other
Type of Sole Prop		ip Lu Partiersnip Corp, check of		Other
Business Type				
🔲 Retail 🗌 Restaurant 🗌 Lodging	g Service Internet%	Mail % Tel	% Bus-to-Bus %	
Description of Business				
Detailed Description of Business (i Garden Tool	including products/services; ca	rd charging policies; delivery methods;	whether own/finance inventory	provide separate pages if needed):
Mailing Address (select	egal 🔲 DBA 📃 Location Conta	Neil Bevilacquo	Phone #	8458534919
Refund/Return Policy				
Refund/Return Policy				
	s or less 🦳 Merchandise	Other:		
Refund/Return Policy	s or less 🗌 Merchandise	Other:		
No refund 🗌 Refund in 30 days		Other:		
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No refund Refund in 30 days American Express Disclosur The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 303	e this Application and the Merch 308		erican Express, or will convey Am	erican Exper ss sales on your behalf: Mar. 28, 2024 Date:

ask for your na license or othe	T REQUIREMENTS - and record informatior ame, physical address er identifying documer	To help t n that ider s, date of nts. Comp	he governme htifies each po birth, taxpaye blete Sections	ent fight the erson (inclu er identificat i I and II and	funding of ter ding business tion number a d III. (*In Se	rorism an s entities) and other ction II, D	nd money laundering who opens an accc information that will river's License requ	activities, the ount. What this allow us to id ired use oth	e USA Pat s means fo entify you er ID only	riot Act requires a or you: When you We may also as i <mark>f no Driver's Lic</mark>	all financia open an k to see y <mark>ense issu</mark>	l institutions to account, we will our driver's ed.)
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			Business N	ame:								
		-	Date and P	lace of								
	usiness License		Issuance:	lace of			Drivers License:	915685079		Name:		l Bevilacqua
Tax Return			ID/Tau ID N		000111175		State ID:			Date of Birth:		feb 1952
Corporate Res Entity Agencie			ID/Tax ID N	iumber:	260111475		Passport: Military ID:			DL/ID#: Date of Issuance		5685079
, ,	ncial Statement		Expiration [Data:			Mexican Consulate			State of Issuance		20
				Jale.			D:					
Partnership A	greement							1		Expiration:		o 15, 2028 5 Coulter Brook
Section III			Type Fin'l S	ot			Resident Alien ID:			Address:	Rd	
			•									
On site visit	t done by Sales Rep		B	usiness Co	nsistent with	Applicatio	on (including any e-0	Commerce ad	dendums(s))		
Address of	location inspected:		BA Address	Leg	al Address	UR	L listed in eCommer	ce addendum		Other Address	:	
Does name no	osted at business mat	ch name	on application	n 🗌 Yes 🗌	No	Do	es inventory volume	annear to be	sufficient	? Yes No		
	have appropriate bus				110		e store hours posted			r of employees:/te	d>	
	nerchant's inventory?			Samples?	Yes No		ou get Interior/exter		-	No	-	1
	consistent with merc						Comments:					
* Signature of	Sales Representative	:					Date:					
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* By signing al address and (i	bove you hereby ackr in the case of informa	tion listed	that the infor	e-Commer	d nerein is tru ce addendum	ie and ac i(s)) indic	curate and was pers ated URL(s) as appl	icable.	ed on the	indicated docum	ent, and a	t the indicated
Principal Info	rmation											
Principal's Name	Title	Date of	Birth	Ownershij % / Years	9 % of Time Spent In Business	policy fo security	ecurity # (Processor [*] or collection and use numbers can be fou curebancard.com)	of social	F	tesidential Addres (City, State, Zip)	s	Residential Phone #
Neil Bevilacqua	Owner			100/3 Years	;	****4654			945 Coulte NY, 13740	er Brook Rd, Bovina	Center,	6078324559
Develo la ferma												
Bank Informa				-				- 1				
Name of Finan					Int number		Routing #	Phone	¥	Contact	Date Ope	ened
The Delaware Na	ational Bank of Delhi			****343	37		021307096					
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Trade / Busin	ess References											
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None None								1101				
None	nesses in which mer		a principal a	are now or	previously h	ave beer	n involved as owne	r/operator/di	rector:			

Card Types Accepted:	All Disc JCB**	/MasterCard/Discover Cards over Cards an Express ** Carte Blanche**	Visa Mast Visa	erCard Credit Cards a Credit Cards and Bus erCard Debit cards on Debit cards only Based Debit/EBT Car	nly	
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sa Monthly \$ <u>8500.00</u> Annual \$ Projected Visa/MC/DISC/Amex His <u>\$10000.00</u>	lles	Electronic card-swiped transac Electronic key-entered (with im Electronic card not present (w/ OR Touch-tone card not present (v Touch-tone card not present (r Mail/Telephone Order (card not eCommerce (card not present)	nprints) /out imprints) with imprints) no imprints) ot present))	15 % 85 % None % % None % None %	Do you use a 3rd	ex ticket size 2250.(party fulfillment? No Yes If "yes" ie and phone numb
		NOTE: TO	OTAL (must equal 10	0%)		
 If processing via mail, phone of If applicable, provide: video (TV), a Do you authorize carrier to deliver How do you advertise? Yellow p 	audio tape (Radi	o or IVR), and Web-page screen p ature? No Yes	prints/URL(Internet).		Do you bill your custome shipped? If yes, how mar 3-30 days 31-60 da Over 90 days	ny days? 🔲 0-2 days
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Terminal											\$
Printer											\$
PIN Pad											\$
Imprinter				Purchase Only							_
Other											\$
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Shipping, handling and tax will be	hilled in ac	dition to t	he en	uinment nrice list	ed above						
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Ship Equipment to:				A 🗌 Legal 🔲 Age							
Send Welcome Kit to:			DB/	A 📃 Legal 📃 Age	ent 📃 N/A						
Merchant training provided by:			Pro	cessor 🗌 Agent	Other:						
SERVICE ACCEPTANCE AND	FEE SCHE	DULE									
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Master Card Qual Credit	0.25	0.10	Ма	ster Mid-Card Qual Cre	edit			Master Non-Card Qual Credi	t		
Discover Network - PayPal Qual Credit			Dis	scover Netword - PayPa	al Mid-Qual Credi	lit		Discover Network - PayPal N	Ion-Qual Credit		1
American Express Qual Credit	0.15	0.10	_	nerican Express Mid-Qu				American Express Non-Qual	Credit		
Visa Qual Debit			_	a Mid-Qual Debit				Visa Non-Qual Debit			
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Merchant initials N B

eCommerce Application		(If more t	han 1. complete, in	itial and attach an addition	al copy of this page for each addit	tional website)	
Website URL:		Website server IP	None	Website DBA:		ional nobolitoj	
Customer Service: en	l nail address:	Address: neilbevi@gmail.com	Telephone:	6078324559	List all links to other website	s:	
Web Hosting Service			Address:		Contact Telephone:		
Fullfillment House Na	me:		Address:		Contact Telephone:		
How do you advertise				1	catalog/print/broadcast/telema	rketing script)	
Do you bill customer's card before shipping product or performing service? If Yes, how many days before?							
What is your return/re	fund policy?			Website Security Metho	od:		
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🛛 Mil Bevila	· /	Mar. 28, 2024			Bevilacqua		1ar. 28, 2024
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Neil Bevilacqua		Owner		Neil Bevila			
Print Name		Title		Print Name (NO LITIES)		
X 2)				X 2)			
Principal/Owner for Mer	chant	Date		Guarantor Si	gnature (No Titles)	Dat	te
Print Name		Title		Print Name (No Titles)		
X 3) Principal/Owner for Mer	chant	Date		X 3) Guarantor Si	gnature (No Titles)	Dat	
Principal/Owner for Mer	chant	Date		Guarantor Si	gnature (No Titles)	Dai	le
Print Name		Title		Print Name (No Titles)		
FOR INTERNAL USE	ONLY						
X)				X)			
Accepted by Processor		Date		Accepted by	Merchant Bank	Dat	ie
Print Name		Title		Print Name		Title	e

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identified in the Merchant 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 identification forms and taxpayer identification/withholding forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms and taxpayer identifications 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 and taxpayer identification forms and taxpayer identification forms and taxpayer identifications and taxpayer identifications and taxpayer identification forms and taxpayer identification forms and taxpayer identification forms included therein or prescribed form of Merchant Application including any other Patriot Act/customer identifications and taxpayer identification forms and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business) 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 informa

Section 1: Merchant Application Information (Must match information in Merchant Application); Date Application Signed (by Authorized Signer named below): Mar. 28, 2024

Merchant Legal Name:	Neil Bevilacqua	Merchant Federal Tax ID (as it appears on income tax return):	None	Merchant State of formation/Incorporation:
NY Merchant Address:	945 Coulter Brook R	d, Bovina Center, NY, 13740		_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, Section 2: Beneficial Ownership and Wanagement Information. Provide the information below on each individual who uncerty of indirectly, information, inductively on work of the equity interests of the dequity interests of the dequity interests of the dequity 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 legal entity identified above. If 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 identified above. If the total ownership interests of the legal entity identified above. If 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 is in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Prong section below must be completed.

Beneficial Owner Legal Name Neil Bevilacqua	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 945 Coulter Brook Rd	City, State, Zip Bovina Center, NY, 13740			Date of birth 15 feb 1952
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? I Yes No	(SSN)/Individual Taxpayer Ide *****4654	Control Prong?		
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance NY	Date Issued 10 feb 2020	Expiration Date 15 feb 2028	Number on ID: 915685079
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? Ves INO	(SSN)/Individual Taxpayer Ide	ntification No. (I	TIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID 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? Ves INO	(SSN)/Individual Taxpayer Ide	ntification No. (I	TIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID 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 Bovina Center, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ide	ntification No. (I	TIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ±	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or 🗌 additional Beneficial Owner) Legal Name Neil Bevilacqua	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 945 Coulter Brook Rd	City, State, Zip Bovina Center, NY, 13740			Date of birth 15 feb 1952
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ide *****4654	ntification No. (I	TIN):	Control Prong?
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance	Date Issued 10 feb 2020	Expiration Date 15 feb 2028	Number on ID: 915685079

*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.

<u>Certifications and Signatures:</u> 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 is 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.

Mar. 28, 2024

Neil Bevilacqua

Authorized Signer

Signature

DocuSigned by: Mil Benilacqua

Processor's Rep. Printed Name

F558A3F44DBC4EE... Date Signed Authorized Signer Printed Name Processor's Rep. Signature

Merchant initials

VISA DISCLOSURE PAGE

DocuSign Envelope ID: 388010EF-388B-4292-BFF5-7E84414B479D

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		
DocuSigned by: Mil Benilacqua F558A3F44DBCgEE	Mar. 28, 2024 Date	
Neil Bevilacqua	Owner	
Merchant's Printed Name	Title	

DocuSign^{*}

		Docuoigii
Certificate Of Completion		
Envelope Id: 388010EF388B4292BFF57E84414B4	179D	Status: Completed
	em Merchant App MS Tropical and Earth Lifter Tool	
Source Envelope:		
Document Pages: 21	Signatures: 15	Envelope Originator:
Certificate Pages: 4	Initials: 0	Morgan Withee
AutoNav: Enabled		1164 Vickery Lane
Envelopeld Stamping: Enabled		Suite 200
Time Zone: (UTC-08:00) Pacific Time (US & Cana	da)	Cordova, TN 38016
		registration@impactpays.net
		IP Address: 173.166.215.126
Record Tracking		
Status: Original	Holder: Morgan Withee	Location: DocuSign
3/29/2024 11:53:51 AM	registration@impactpays.net	-
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neilbevi@gmail.com	F558A3F44DBC4EE	Signed: 3/29/2024 12:36:08 PM
Security Level: Email, Account Authentication (None)		Signed: 3/29/2024 12:30:06 FM
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/29/2024 12:00:58 PM
Certified Delivered	Security Checked	3/29/2024 12:25:44 PM
Signing Complete	Security Checked	3/29/2024 12:36:08 PM
Completed	Security Checked	3/29/2024 12:36:08 PM
Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Impact PaySystem (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Impact PaySystem:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows: To contact us by email send messages to: morgan@impactpays.com

To advise Impact PaySystem of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at morgan@impactpays.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Impact PaySystem

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to morgan@impactpays.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Impact PaySystem

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to morgan@impactpays.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Impact PaySystem as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Impact PaySystem during the course of your relationship with Impact PaySystem.