

# NEW COMPANY APPLICATION

1	<b>COMPANY INFORMATION</b>		
◆ DBA NAME: <b>Watering Hole</b>			
CONTACT NAME: <b>Carol Kent</b>			
◆ DBA ADDRESS TYPE: <b>BSA</b> ◆ DBA ADDRESS1 (NO PO BOX): <b>5883 FM 2853</b>			
DBA ADDRESS 2:			
◆ CITY: <b>Palacios</b>	◆ STATE: <b>TX</b>	◆ ZIP CODE: <b>77465</b>	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: <b>USA</b>			
◆ BUSINESS COUNTRY OF FORMATION: <b>USA</b>	◆ DBA PHONE #: <b>361-588-1200</b>		
▶ DOES COMPANY HAVE THE ABILITY TO ISSUE BEARER SHARES AS OWNERSHIP STAKE IN THE COMPANY? <span style="float: right;">Y <input type="checkbox"/> N <input checked="" type="checkbox"/></span> <small>(REQUIRED IF COUNTRY OF FORMATION IS OUTSIDE OF THE U.S. AND BUSINESS STRUCTURE EQUALS C CORPORATION - CLOSELY HELD, PRIVATE COMPANY, PROF CORP, PUBLIC COMPANY, SUB S CORP, LIMITED LIABILITY COMPANY)</small>		DBA FAX #:	
YEAR ESTABLISHED: <b>2018</b>		MOBILE PHONE #:	
◆ LENGTH OF CURRENT OWNERSHIP: <b>0</b> YEARS, <b>0</b> MONTHS	◆ EMAIL ADDRESS: <b>afish1960@yahoo.com</b>		
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION: <b>NON</b>			
2	<b>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>Watering Hole</b>		PHONE #: <b>361-588-1200</b>	
CONTACT: <b>Carol Kent</b>		FAX #:	
ADDRESS: <b>5883 FM 2853</b>	CITY: <b>Palacios</b>	STATE: <b>TX</b> ZIP CODE: <b>77465</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 checked="" 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 checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To: _____		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
3	<b>PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)</b>		
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP <u><b>100</b></u> %		<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS? <b>NO</b>	<input checked="" type="checkbox"/> RESPONSIBLE PARTY	TITLE: <b>OP</b> IF OTHER:	
◆ FIRST NAME: <b>Carol</b>	▶ MIDDLE NAME:	◆ LAST NAME: <b>Kent</b>	
◆ ADDRESS TYPE: <b>BSA</b> ◆ ADDRESS (NO PO BOX): <b>570 Catamaran Circle</b>			
◆ CITY: <b>Palacios</b>	◆ STATE/PROVINCE: <b>TX</b>	◆ ZIP/POSTAL CODE: <b>77465</b> ◆ COUNTRY: <b>USA</b>	
◆ DOB: <b>02/28/1960</b>	◆ US PERSON: <b>Yes</b>	▶ PHONE #: <b>979-479-3610</b>	
<small>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</small>			
▶ HOME ADDRESS:	▶ CITY:	▶ STATE:    ▶ ZIP CODE:	
▶ ID TYPE: <b>SSN</b>	▶ ID #: <b>457215582</b>	▶ IF OTHER - ID TYPE:	
▶ IF OTHER ID #:	▶ IF OTHER ID - COUNTRY OF ISSUANCE:	▶ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT:	▶ ISSUING COUNTRY (IF APPLICABLE):	▶ ISSUING STATE (IF APPLICABLE):	
◆ DOCUMENT #:	▶ ISSUE DATE:	▶ EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.		<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH	
<b>OTHER COMPANY INFORMATION</b>			
◆ AVERAGE SALE AMOUNT: \$ <b>50</b>	◆ CARD PRESENT <u>  <b>95</b>  </u> %		
◆ HIGH SALE AMOUNT: \$ <b>300</b>	◆ CARD NOT PRESENT* <u>  <b>5</b>  </u> %		
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: <b>12</b>	◆ INTERNET* <u>      </u> %		
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ <b>10000</b>	(MUST TOTAL 100%)		
◆ ANNUAL REVENUE: \$ <b>120000</b>	▶ INTERNET : PRODUCT WEBSITE:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: <b>groceries/bar</b>	▶ INTERNET: "CONTACT US" EMAIL:		
SPECIAL PROGRAM MCC ONLY: <b>5812</b>	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? <b>time of order</b>	▶ CUSTOMER SERVICE PHONE #: <b>361-588-1200</b>		
If NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)	▶ 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"/> MAY	<input type="checkbox"/> JUNE	
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	
<input type="checkbox"/> OCTOBER	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER	

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆ DEPOSIT BANK NAME: <b>First Prosperity Bank</b>	◆ ABA/ROUTING #: <b>113122655</b>	◆ DDA ACCOUNT #: <b>217199826</b>
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): <b>3</b>	<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 type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						APPLICATION FEE	\$ 0
<input checked="" type="checkbox"/> TIERED <input type="checkbox"/> FIXED	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	INSTALLATION/TRAINING	\$ 0
<input type="checkbox"/> ENHANCED IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RETURN ITEM FEE/NSF (PER OCCUR)	\$ 15.00
QUALIFIED	1.60% + \$ 0.000	1.60% + \$ 0.000	1.60% + \$ 0.000	___% + \$ ___	1.60% + \$ 0.000	ACCOUNT MAINTENANCE	\$ 20
MID QUALIFIED	2.22% + \$ 0.000	2.22% + \$ 0.000	2.22% + \$ 0.000	___% + \$ ___	2.22% + \$ 0.000	CHARGEBACK (PER OCCUR)	\$ 15
NON QUALIFIED	2.90% + \$ 0.000	2.90% + \$ 0.000	2.90% + \$ 0.000	___% + \$ ___	2.90% + \$ 0.000	ANNUAL FEE START DATE: 10/2018	\$ 45.00
OTHER TIER	<input checked="" type="checkbox"/> CHECK CARD (T-opt/EIC-req) <input type="checkbox"/> SPRMKT (T-opt/EIC-NA) <input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)					MONTHLY MINIMUM	\$ 0
REWARDS TIER (T-opt/EIC-req)	1.32% + \$ 0.000	1.32% + \$ 0.000	1.32% + \$ 0.000	___% + \$ ___	1.32% + \$ 0.000	MONTHLY SERVICE FEE	\$ 4.00
COMMERCIAL CARD TIER (T-opt/EIC-req)	2.22% + \$ 0.000	2.22% + \$ 0.000	2.22% + \$ 0.000	___% + \$ ___	2.22% + \$ 0.000	OTHER: Early Termination	\$ 300.0
	2.90% + \$ 0.000	2.90% + \$ 0.000	2.90% + \$ 0.000	___% + \$ ___	2.90% + \$ 0.000	OTHER:	\$ 0.00
<b>PASS THRU:</b>	<b>VISA</b>	<b>MASTERCARD</b>	<b>DISCOVER*</b>	<b>UNIONPAY</b>	<b>AMERICAN EXPRESS</b>	OTHER:	\$ 0.00
<input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER:	\$ 0.00
MARKUP	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	STATEMENT: <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER	
<input type="checkbox"/> DIFFERENTIAL	<b>VISA</b>	<b>MASTERCARD</b>	<b>DISCOVER*</b>	<b>UNIONPAY</b>	<b>AMERICAN EXPRESS</b>	<b>PRICING PROGRAMS</b>	
QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	MONETARY PROGRAM:	
NON QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	AUTH PROGRAM: 49155	
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE						EQUIPMENT: 59999	
						MISCELLANEOUS: 59999	

AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE	
VISA	\$ 0.150	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 0.650	<input checked="" type="checkbox"/> ASSOC COMPLIANCE	\$ 6.00
MASTERCARD	\$ 0.150	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED	\$ 0.950	<input type="checkbox"/> SAFE T SILVER	
DISCOVER	\$ 0.150	DIAL COMMUNICATION	\$ 0.030	VOICE - WITH AVS	\$ 2.200	<input type="checkbox"/> SAFE T GOLD	
AMEX	\$ 0.150	OTHER:	\$ ___	VOICE - BANK REFERRAL	\$ 4	Per month, taxes and other fees may apply, see company representation and certifications)	

<b>PIN DEBIT</b>	MONETARY: <input checked="" type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)	AUTH: <input checked="" type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$)	___% + \$ ___	AUTH \$ ___
INTERLINK	0% + \$ 0	AUTH \$ .25
MAESTRO	0% + \$ 0	AUTH \$ .25
UPDBT	0% + \$ 0	AUTH \$ .25
ACCEL	0% + \$ 0	AUTH \$ .25
AFFN	0% + \$ 0	AUTH \$ .25
ALASKA	0% + \$ 0	AUTH \$ .25
CU24	0% + \$ 0	AUTH \$ .25
NETS	0% + \$ 0	AUTH \$ .25
NYCE	0% + \$ 0	AUTH \$ .25
PULSE	0% + \$ 0	AUTH \$ .25
SHAZAM	0% + \$ 0	AUTH \$ .25
STAR	0% + \$ 0	AUTH \$ .25

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 # OF TIDS:  A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION: COMMUNICATION METHOD (IP DEFAULT):  DIAL

VAR SERVICE PROVIDER (HOSTED): VAR (DISTRIBUTED): VENDOR: PRODUCT: VERSION:

QTY	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	Ingenico V3 iCT220C	I22CL	\$	\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	Ingenico V3 iCT220C	I22CL	\$	\$	\$	\$	<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"/>

SATURDAY DELIVERY  NEXT DAY AIR  2<sup>ND</sup> DAY AIR ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED.  SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

**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 WAITER (RTL)  TIP FUNCTION CASHIER (RTL)

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

**REPORT TOOLS**

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

ACS MONTHLY FEE \$ \_\_\_\_\_ SET UP FEE \$ \_\_\_\_\_ REMOTE ID \_\_\_\_\_

**SUBSTITUTE FORM W-9**

SOLE PROPRIETOR   
  C CORPORATION   
  S CORPORATION   
  PARTNERSHIP   
  UNINCORPORATED ASSOCIATION   
  PUBLIC CORPORATION  
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)   
  GOVERNMENT   
  TRUST   
  ESTATE   
  PRIVATE CORPORATION  
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): **C** (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME\*: **Watering Hole**

\*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX): **5883 FM 2853** OR TIN (EMPLOYER ID #): **80-2971123**

CITY: **Palacios** STATE: **TX** ZIP: **77465** TIN (SOCIAL SECURITY #):

**5 COMPANY REPRESENTATIONS AND CERTIFICATIONS**

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at [https://www.merchantconnect.com/CWRWeb/pdf/TOS\\_ENG.pdf](https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf) and [https://www.merchantconnect.com/CWRWeb/pdf/MOG\\_ENG.pdf](https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf), respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

**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 ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

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

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction. All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$59.99 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

**Under penalties of perjury, Company certifies that:**

- 1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person.\*\***
- 4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.**

**American Express Acceptance Program (Acceptance Program).** If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

\* By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.  
 \*\*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.

SIGNATURE: X <i>Carol Kent</i> <small>Carol Kent (Jun 19, 2018)</small>	PRINTED NAME:	TITLE: - Select One -	DATE: 06/19/2018
SIGNATURE: X	PRINTED NAME:	TITLE: - Select One -	DATE:

**6 PERSONAL GUARANTY**

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X <i>Carol Kent</i> <small>Carol Kent (Jun 19, 2018)</small>	PRINTED NAME: Carol Kent	DATE: 06/19/2018
SIGNATURE: X	PRINTED NAME:	DATE:

**SUBMITTED BY (SALES USE ONLY)**

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 officer(s), as appropriate.

SALES REP SIGNATURE: X <i>Peggy Jordan</i>	PRINTED NAME: Peggy Jordan	REP ID #: 42321	DATE: 06/19/2018
REP PHONE #:	REP EMAIL: peggyjordan@icloud.com	ELAVON USA-MSP-ELV-0218	



# SALES WORKSHEET

**DBA:** Watering Hole

ACCOUNT DESIGNATION					
<input checked="" type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION OF	
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME: MSIMPACT	
CLIENT GROUP #: 17	ENTITY: 44928	REP #: 42321	AWB:		
BUSINESS VERIFICATION					
DOCUMENTARY IDENTIFICATION: <b>NODOC</b>					
DOCUMENT VALIDATION TYPE:			ISSUING STATE/PROVINCE:	ISSUING COUNTRY: <b>USA</b>	
DOCUMENT #:	ISSUED DATE:	EXPIRY DATE:			
LEGAL VERIFICATION					
DOCUMENTARY IDENTIFICATION:			EVIDENCE OF LEGAL STATUS: <b>SLPA</b>		
DOCUMENT VALIDATION TYPE:			ISSUING STATE/PROVINCE:	ISSUING COUNTRY: <b>USA</b>	
DOCUMENT #:	ISSUED DATE:	EXPIRY DATE:			
ONSITE INSPECTION: <b>I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:</b>  BUSINESS LOCATED IN: <input checked="" type="checkbox"/> SEPARATE BUILDING <input 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>					
PERSON MET WITH: Carol Kent					
PRINTED NAME: Peggy Jordan		REP #: 42321	DATE: 06/18/2018		
SPECIAL REQUIREMENTS COMPANY QUESTIONNAIRE					
◆ IS THE COMPANY AN EMBASSY?    Yes <input checked="" type="radio"/> No					
◆ IS THE COMPANY A MONEY SERVICE BUSINESS?    Yes <input checked="" type="checkbox"/> No					
◆ IS THE COMPANY A NON PROFIT/NON GOVERNMENT ORGANIZATION? (NGO CAN BE ANY NON-PROFIT ORGANIZATION THAT IS INDEPENDENT FROM GOVERNMENT)    Yes <input checked="" type="checkbox"/> No					
◆ DOES THE COMPANY OPERATE A PRIVATELY OWNED, NON-BANK ATM?    Yes <input checked="" type="checkbox"/> No					
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES: Mailing Address: Watering Hole - Carol Kent 5883 FM 2853 Palacios, TX 77465 Phone: 361-588-1200 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:	
	Identification Document :		Issuing Country (if applicable):		Issuing State (if applicable):	
	Document #:		Issue Date:		Expiry Date:	
	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:	
	Identification Document :		Issuing Country (if applicable):		Issuing State (if applicable):	
	Document #:		Issue Date:		Expiry Date:	
	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:	
	Identification Document :		Issuing Country (if applicable):		Issuing State (if applicable):	
	Document #:		Issue Date:		Expiry Date:	
	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:	

<b>Principal Information 5 (Owner/Partner/Officer)</b>	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
	Intermediary Phone Number			Intermediary Email Address		
	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:
	Identification Document :		Issuing Country (if applicable):		Issuing State (if applicable):	
	Document #:		Issue Date:		Expiry Date:	
	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		