Sales Rep ID: \_

PCSA-3915-002 (Page I of 3)

# PETROLEUM CARD SERVICES A Physical Company Morgan Withee Sales Office Phone: 901-601-0032 Sales Office Phone: 901-601-0032

**COMPLETE SECTIONS (1-9)** 

Merchant #:									
PCS2508	(1)	TELL US ABC	OUT YOUR BUSINESS		PCS2508				
If Merchant is a sole proprietorship, then the "Clent's Buisness Name (Doing Business As):		l Name" should inclu	-		- (f				
Tru by Hilton			Client's Corporate/Legal Name (Use Also for Headquarter's Information): Lee County Lodging LLC						
Business Address: 1003 landmark blvd		Billing Address (If Different Than Location Address): 1020 N Gloster St #110							
City: Tupelo	State: MS	<b>Zip:</b> 38804	City: Tupelo		State: Zip: MS 38804				
Location Phone #:	Location Fax #:	1	Customer Service Number:	e:					
662-350-6258 Business E-mail Address:			662-350-6258 Sloan Holley  Contact Phone #: Fax #:						
usiness E-mail Address:    Contact Phone #:   Fax #:									
susiness Website Address:  https://www.hilton.com/en/hotels/tupgsru-tru-tupelo/?SEO_id=GMB-AMER-RU-TUPG									
Send Retrieval Requests / Fax Type to: Business Address Fax #: *SIC/MCC: 3504									
itatement Type: (check one) 🛛 Detail 🗌 Summary Statement Delivery Method: (check one) 🗍 E-Mail 🔲 Online 🔀 Print and Mail									
Billing to be processed 🛛 Monthly	Daily								
*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967, and 7841¹, the registration is required with Visa and/or Mastercard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or Mastercard (total registration fees could be \$1,000). Failure to register could result in fines in excess of \$10,000 for violating Visa and/or Mastercard regulations².  Registration for MCC 7841 is only required for non-face-to-face adult content. Information herein, including applicable MCCs, is subject to change									
(2) MC / VISA / I			LL SERVICE / AMERIC						
Total Monthy Card Sales Volume: \$ 37500		ated Average Ticket	/ Sales Amount: \$_300.00	Estimated High Ticke	t Amount: \$ 5000.00				
Monthy Mastercard/Visa Volume: \$ 30000	0.000 Month	ny Discover/PayPal	Volume: \$\frac{75000.000}{}						
Monthy AMEX OptBlue Volume: \$	AMEX	OptBlue Estimated	Average Ticket / Sales Amount:	\$ <u>300.00</u>					
		(3) ENT	TITLEMENTS						
☐ MC/Visa/Discover Full Processing/Ame	x Opt Blue (Discove	r Network systems and	d rules will process and govern JCB T	ransactions. Select Discover Fu	II Processing if JCB is requested.)				
Amex - Existing Direct SE# 1230975682	2	American	Express Cap #	Franchise Name: _					
☐ Discover - Existing Retained SE #		Non-Lic.	ICB (EDC) - Existing Account # _						
☐ PIN Debit		☐ EBT FNS #	# (XREF):	EBT Cash					
☐ WEX Full Acquiring ☐ WEX Non-Full St			☐ Tax exempt Voyager ☐ MC	Fleet  Fuelman ID					
MC			DRE BUSINESS DATA						
State Incorp. MS Month/Year Started: Check one: TIN TYPE: EIN (Fed Tax IE			rtnership   Non Profit/Tax Exe		vate Corp. <u>★</u> L.L.C. <u>Gov't.</u>				
NOTE: Failure to provide accurate information									
Name (as it appears on your income tax return) Lee County Lodging LLC		ral Tax ID#: (as it ap 112005	pears on your SS4 form)	(If checked, please att	reign entity/nonresident alien. ach IRS Form W-8.)				
Mag Swipe% + Keyed Manually*. Product/Services You Sell: Hilton Hotels	<u>5</u> % = 100%	*If 50% or more is	manually keyed please provide	the MOTO Addendum					
Card Present (MAG Swipe and/or Manual I	95 %	. Mail Order/Dire	at Markatina 9/ 1 Dhan	0 Ordon 0/ 1 Intonno	9/ - 1009/				
Does your business offer products and/or services to customers through a mobile application? Yes No If so, list name of mobile application:  Do you use any third party to store, process or transmit cardholder data? Yes No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)									
If yes, give name/address:									
Return Policy:  Full Refund Exhange Only X None									
Will transactions be in currencies other than the U.S. Dollar (USD)? Yes No  Previous Processor: Your Previous Merchant #:									
Check Reason for Changing: Rate Service Terminated Other:									
(5) DESCRIBE EQUIPMENT DETAILS									
Network: ☐ CARD <i>net</i> ®	ille 🗌 Buypass	Other:		Specify Seci	urity Code: ()				
	uipment Type		Model Code and Name		pgram/New Deployment				
Elavon Fusebox									
Deployment Instructions:   To Location  Other Address:									
Profile Type: Retail Petroleum Lodging Restaurant									
Instructions: $\square$ Clerk / Server Entry $\square$ R	Retail With Tip	Auto Settle Time	Debit Ca	sh Back	_				
VAR/Internet/Software: Name:		(Nashville	Only: Product ID #	Vendor ID #					

PLEASE SEND COMPLETED INFORMATION TO: 2243 Park Place, Suite C,

PCS2508

DBA Nar	ne:							Me	erchant #: _					
PCS2508			(6	) PROV	DEYOUR	owi	NER IN	IFO	RMATIC	N			PC	S2508
PCS2508 (6) PROVIDE YOUR OWNER INFORMATION Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business, or who otherwise has														
significant responsibility to control, manage, or direct your business.														
Owner/Partner/Officer Name:				D.O.B:	Social Secui	rity #:			Home Pho	ne:	Title:		% of O	wnership:
Bhupunder Pat	el			09/13/1978	3 421-35-573	7			662-205-4		Owner		51	
Home Address:			Cit	y:			State:	Zip:		Owner	's E-Mail Add	lress: (Required f	or Click to	Agree)
2749 Bayhill Woods Cv			Co	llierville			TN	3801	17	sloan@	wealthhg.co	m		
Owner/Partner/Officer Name:				D.O.B:	Social Secu	rity #:			Home Pho	ne:	Title:		% of O	wnership:
Home Address:			Cit	y:			State:	Zip:		Owner	's E-Mail Add	Iress: (Required f	or Click to	Agree)
									_					
Owner/Partner/Officer Name:				D.O.B:	Social Secui	rity #:			Home Pho	ne:	Title:		% of O	wnership:
Home Address:			Cit	y:			State:	Zip:	!	Owner	's E-Mail Add	lress: (Required f	or Click to	Agree)
Owner/Partner/Officer Name:				D.O.B:	Social Secu	rity #:		<u>I</u>	Home Pho	ne:	Title:		% of O	wnership:
Home Address:			Cit	y:			State:	Zip:		Owner	's E-Mail Add	lress: (Required f	or Click to A	Agree)
Controlling Position:				D.O.B:	Social Secu	rity #:			Home Pho	ne:	Title:		% of O	wnership:
Bhupunder Pate	el			09/13/1978		-			662-205-4	031	Owner		51	·
Home Address:			Cit		1	-	State:	Zip:				Iress: (Required f	or Click to	Agree)
2749 Bayhill Woods Cv			Co	llierville			TN	3801		sloan@	wealthhg.co	m		
		(7)	IC I	PLUS / 1	TIER / FLA	T RA	TE PR	ICIN	NG SCH	EDU	LE			
Start-Up Fees (One-Ti	me Charg	ie)			Authorizat	ion an	d AVS Fe	es				Other Fee	S	
Non-Taxable Fees:		,		MC / Visa	Auth Fee					Fauls	Tourningtion			ć
Application Fee (Non-Refundable)	(321)	\$		(030, 031, 0	032, 033, 034, 03R						Termination			ş
Account Validation Fee	(182)	Ś		(040, 041, 0	042, 043, 044, 04R	R, 04V, 0	4W, 04X, 0	4Y) \$	S	Annı	ual Members	hip Fee	(294)	
(One-time fee charged at time of boardi	ng)			Discover	Auth Fee					Char	geback Fee		(ZZ9)	<u>\$ 10.00</u>
Reprogramming Fee	(31A)		-		072, 073, 074, 071,	, 07V, 07	7W, 07X, 0	7Y) \$	<u> </u>	Retr	ieval Fee		(285)	\$_5.00
Debit Set-up Fee	(31B)	\$		Amex Aut	h Fee 062, 063, 064, 061	061/ 06	SW DEX D	:v) ¢	<u>.</u>	Batc	h Settlement	Fee	(227)	\$_0.100
Billed Monthly	Fees								<b>'</b>	EBT	Purchase/Retu	rn/Decline (029)	02Y,02X)	\$
Monthly Service Fee	(335)	\$	_	MC/Visa/Discover/Amex Voice AVS     105						\$ <u>0.002</u>				
Minimum Processing Fee	(953)	\$		MC/Visa/Discover/Amex Voice Auth Fee/VRU Visa Ntwk Acq Proc Fee US Cr (04H) \$ 0.015						\$_0.0195				
Monthly ClientLine® Fee	(32R)	\$		035, 036, 037, 045, 045, 047, 065, 066, 067, 075, 076, 077) \$\frac{0.20}{\text{Visa Ntwk Acq Proc Fee US DB/PP}}\ (04J) \ \frac{0.01}{\text{0.01}}						\$_0.0195				
eIDS Monthy Fee	(29E)	\$		AVS Fee (405, 406, 407, 408, 435, 078, 07C 0.050 NABU Fee (60M, 0B4) \$ 0.0						Ψ				
Regulatory Product Fee	(351)	\$								ДАСН	Reject Fee		(401)	\$_25.00
Monthly Statement Fee	(323)	\$_10.00			Flee:	t Card				Non	Return of Eq	uipment Fee		\$
TIN/TFN Blank or Invalid Fee	(181)	\$		Voyager		(00	00, 0D1, 0	DV) \$	<b>5</b>			Product Fe	es	
(as applicable)				WEX			((	D4) \$	S	Tran	sArmor Mon	thly Fee	(30L	) \$
Merchant Supply Advantage	(413)	\$	-	Fuelman			((	DB3) \$	<b></b>	Serv	ice Protectio	n Program	(31Y	) \$
Network Access Fee - Debit	(420)	\$		Voyager	Other Pay	ment F	<u>ees</u>			Frau	d Mgmt Prog	ram	(٧67	) \$
Monthly Advantage Fee	(158)		%	Sales Disc	ount Fee		(	766) _	%				•	
ESP Monthly	(Y66)	<b>\$</b> 10.00		Wright Ex	-						ile Pay Mont	•	•	) \$
ESP Non-Compliance Fee	(Y65)	\$ 59.95		Sales Disc		(840, 8	41, 842,	843) _	%		•	y Support Fee		) \$
			_		Micronode Fee (each)			2E4\ 6			a/MC CCIS E			1)
Misc. Fee:	( )	\$	]	Wonthly	-ee (eacn)		(-	354) \$	·	Pren	nium Equipm	ient SVC	(32)	J) \$
In addition, the card brands (Visa, Mastercard, American Express, Discover, etc.) may charge various additional fees under certain circumstances, which are referred to as "pass through fees' because, if charged, are passed through by us to the Merchant. Pass-through fees may include, by way of example only, verification fees, authorization fees, international transaction fees, return fees, data usage fees, and PIN Debit Annual Fees, among others.  * Commercial Card Interchange Service ("CCIS"). See Program Guide for details regarding Commercial Card Interchang Service. When the sales tax is computed on your behalf under CCIS, yo will retain 25% of the interchange savings.  ** Early Termination Fee. See Part IV, Section A.3 of the Program Guide.														
					be charged the	applical	ble interch	ange	rate from Ma	stercar	l. Visa. or Disc	over plus a Mast	ercard_Ass	essment
Pass Through Interchange - Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equl to \$1,000 or more will be assessed an additional .01% per transaction).														
American Express Network Fee (286) of .165%. American Express has Program Pricing and not Interchange and are subject to change.														
Sales Credit & Non-PIN Debit			(Base	scount ed on Gross les Vol.)		(Based	d on Gross es Vol.)			(	Discount Based on Gross Sales Vol.)		(	Discount Based on Gros. Sales Vol.)
Transaction Fee \$\frac{0.100}{(001, 002, 005, 006, 015, 016, 130,	MC Qu	al	Su	0.200	Visa Qual		-		over Qual			American Exp	I	·
131, 134, 135, 787, 788)	Credit		_	0.200_%	Credit (804)	_	0.200_%	-	dit (170)		0.200 %			%
American Express Sales Credit	MC Qu				Visa Qual			1	over Qual	(064)		American Exp	I	
Transaction Fee \$ 0.100 (013, 014)	(850)	N Debit			Non PIN Debit (854)		0.200_%	ivon	PIN Debit	(404)	0.200_%	Program Cost	(JAL)	%
Unbundled PIN Debit - Txn Fee	•	Unb	undl	ed PIN Deb	it Discount Fee			1		ı	PIN Debit	I	<u> </u>	
(018) \$		(Key	190)		% (plus the a	pplical	ble netwo	rk fee	es)			nsaction Fee	(42R) \$	

PCS2508

**Client Initials** 

## (10) PERSONAL GUARANTY

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A., Petroleum Card Services are relying upon this Guaranty in entering into the Agreement.

Signature X

Printed Name: \_

	-	_				
Si	σn	atı	ire	(Please	sian	helow).

Signature (Please sign below):

\_\_ Title \_\_

. an individual

Title:

Signature X\_

Print Name of Signer \_

PCS2508 CONFIRMATION PAGE

PROCESSOR Name: Paysafe Payment Processing Solutions, LLC dba Petroleum Card Services

INFORMATION: Address: 2243 Park Place, Suite C, Minden, NV 89423

URL: <a href="www.pcspayments.com">www.pcspayments.com</a> Customer Service #: <a href="L-866-427-7297">1-866-427-7297</a>

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by Mastercard, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 26 of the Program Guide).
- We may debit your bank account (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- 3. There are many reasons why a Chargeback may occur. When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 15 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement.
- 4. In consideration of the Services provided by us, you shall be charged, and hereby agree to pay us any and all fees set forth in this Agreement (for the purpose of clarity, this includes the Application and any additional pricing supplements or subsequent communications), all of which shall be calculated and payable pursuant to the terms of this Agreement and any additional pricing supplements or subsequent communications. If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.

- 5. The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 28, 38.3, and 40.10 of the Card General Terms; or Section 18 of the TeleCheck Solutions Agreement.
- 6. We have assumed certain risks by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 31, Term; Events of Default and Section 32, Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Seciton 7), under certain circumstances.
- 7. By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreeent until all your obligations to us and our Affiliates are satisfied.
- The Agreement contains a provision that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 17.2 of the TeleCheck Solutions Agreement.
- For questions or concerns regarding your merchant account, contact customer service at the number located on your Merchant Services Statement.

#### 10. Card Organization Disclosure

Visa and Mastercard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834.

## Important Member Bank Responsibilities

- a. The Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a merchant.
- b. The Bank must be a principal (signer) to the Agreement.
- c. The Bank is responsible for educating merchants on pertinent Visa and Mastercard rules with which merchants must comply; but this information may be provided to you by Processor.
- d. The Bank is responsible for and must provide settlement funds to the merchant.
- e. The Bank is responsible for all funds held in reserve that are derived from settlement.
- f. The Bank is the ultimate authority should a merchant have any problems with Visa or Mastercard products (however, Processor also will assist you with any such problems.

### **Important Merchant Responsibilities**

- Ensure compliance with Cardholder data security and storage requirements.
- b. Maintain fraud and Chargebacks below Card Organization thresholds.
- c. Review and understand the terms of the Merchant Agreement.
- d. Comply with Card Organization Rules and applicable law and regulations.
- e. Retain a signed copy of this Disclosure Page.
- f. You may download "Visa Regulations" from Visa's website at: https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf.
- g. You may download "Mastercard Regulations" from Mastercard's website at: www.mastercard.us/content/dam/mccom/global/ documents/mastercard-rules.pdf.
- You may download "American Express Merchant Operating Guide" from American Express' website at: <a href="https://www.americanexpresscom/us/merchant">www.americanexpresscom/us/merchant</a>.

Print Client's Business Legal Name: Lee County Lodging LLC

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions consisting of 43 pages including this Confirmation Page and the applicable Third Party Agreement(s). Interchange Qualification Matrix, American Express Program Pricing, and Interchange Schedule.

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

x Bhupender Patel		Owner
F4517BDC5DA2447		Title
Bhupunder	Patel	
Please Print Name o	of Signer	

9/7/2023

Date