NEW COMPANY APPLICATION

1 COMPANY INFORMATION • DBA NAME: Homer Skelton Hy	undai									
CONTACT NAME: Roger Mcguire	aridar									
	DO Box), 914	F Now Croft D	and							
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO	PO BOX): 814	5 New Crait R	oad							
DBA ADDRESS 2:			1							
◆CITY: Olive Branch			♦ STATE M	S	♦ ZIP CODE:	386	54			
◆Country of Primary Business Operations: US	4				1					
◆Business Country of Formation: USA					♦ DBA Phon	NE #: (662-890-	-0100)	
◆ EMAIL ADDRESS: Rodney@homerskeltonford.com DBA Fax #:										
YEAR ESTABLISHED: 2006 MOBILE PHONE #:										
♦ LENGTH OF CURRENT OWNERSHIP: 13 YEARS,	7 монтня				•					
CIP EXEMPTION:										
BENEFICIAL OWNER EXEMPTION: NON										
OTHER ADDRESS (IF DIFFERENT THAN ABOVE	:)				-					
	LSO SPECIAL INS	TRUCTIONS (MC	ORE THAN ONE OF	PTION MA	Y BE SELECTED)					
LOCATION NAME: Homer Skelton Hyun	dai			F	PHONE #: 662	-890-	0100			
CONTACT: Roger Mcguire				F	AX #:					
Address: 8145 New Craft		CITY: Olive B	Branch		STATE: MS ZIP CODE: 38654					<u> </u>
STATEMENTS/ RETRIEVALS / CHARGEBACKS		<u>.</u>						L.		
STATEMENTS: DBA OR MAILING OR U	V-9		AUTO SEN	ID: 🔲 \	res 🗌 No (Chail	V COMF	ANIES ONLY	'— MUS	ST INCLUDE CHAIN SE	T UP FORM)
RETRIEVALS: Mail To: DBA Mailing or F	AX To: 📵 DBA	MAILING OR	EMAIL TO:				<u>OR</u>		ONLINE CASE MANAG	ЭЕМЕПТ (ОСМ)
CHARGEBACKS: MAIL TO: DBA MAILING AND	AX To: 🖸 DBA	A ☐ MAILING <u>OR</u>	EMAIL TO:				<u>OR</u>		ONLINE CASE MANAG	ЭЕМЕПТ (ОСМ)
PRINCIPAL 1 INFORMATION (INCLUDE ALL.				RSHIP (I	NDIVIDUAL OR IN	TERMEL	DIARY BUSIN	vess) c	ON THE ADDL OWNER	RSHIP FORM)
♦ ■ BENEFICIAL OWNER: PERCENTAGE OF OWN				□s	OLE PROPRIETOR					
	SPONSIBLE PAR	TY TITLE: OP		1	IF OTHER:					
♦FIRST NAME: Homer	►MIDDLE	NAME:		♦ Las	ST NAME: Skelt	on				
◆ADDRESS TYPE: BSA ◆ADDRESS (NO PO BOX)										
◆City: Olive Branch	♦ STATE	PROVINCE: MS	♦ ZIP/POSTAL	CODE	CODE: 38654					
♦ DOB: 05/27/1931 PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEAR		RSON: Yes			▶PHONE #: 662-289-0100					
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEA ►HOME ADDRESS:	75	▶CITY:				▶STA	TE:		▶ZIP CODE:	
►ID TYPE: SSN	▶ID #:	413482779	1		▶IF OTHER-					
	COUNTRY OF ISS		1	▶IF C	THER GOVERNME			ME.		
OTHER COMPANY INFORMATION		50/11/02/		7 0			020 12 10			
♦ AVERAGE SALE AMOUNT: \$ 500					CARD PRESEN	т 100%		Оми	II COMMERCE (MUST	TOTAL 100%)
♦ High Sale Amount: \$ 5000					CARD NOT PRE	SENT	100%*	Cari	D PRESENT	90 %
◆Number of High Sales (above) Annually: 5					☐ INTERNET 100	%*		Cari	D NOT PRESENT*	%
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY	SALES:\$ 800(00			OMNI COMME	RCE		INTE	RNET*	10 %
♦ANNUAL REVENUE:\$ 960000		-		•	INTERNET : PROD	UCT WI	BSITE: W	ww.h	omerskeltonhyu	ndai.com/
♦INDUSTRY TYPE: IN									·	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Car	Service and	Parts		•	INTERNET: "CON"	таст U	S"EMAIL: r	odney	y@homerskeltor	nford.com
SPECIAL PROGRAM MCC ONLY: 5599C										
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SI		Γime of sale		•	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW CUSTOMER SERVICE PHONE #: 662-890-0100 PREVIOUS PROCESSOR: Not Available					
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (C	CUSTOMER MUST				ATE AND REACTIV	ATE AC				
☐ JANUARY ☐ FEBRUARY ☐ AUGUST	☐ MARCH ☐ SEPTE		☐ APRIL☐ OCTOBE	R		MAY Nove	/BER		☐ JUNE ☐ DECEMBER	

____Initials 2 USA-MSP-ELV-0319

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)									
◆DEPOSIT BANK NAMEBANCORPSOUTH BANK	♦ ABA/ROUTING #: 08	84201278	◆ DDA ACCOUNT #: 60695780						
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:		DDA Account #:						
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:		DDA Account #:						
TAPE ID (OPT): 3		Fast Track Funding							

CARD ACCEPTAI	NCE (PLEA	SE CHECK E	ACH CARD YOU WISH TO	ACCEPT.)		PRICING CATEGORY	1	
☐ ALL VISA/MAS	ter C ard/	AMEX/Union	EXPRESS	DISC VER MasterCa	UnionPay VISA	RETAIL RESTAURANT LODGING SUPERMARKET	■ MO/TO / INTERNET ARU OMNI COMMERCE (TIERED & EICP ONLY)	
🗶 VISA CREDIT 🛍 V								
PRICING INFORM	ATION						FEES	
RATES	ARE FOR AL	L CARD ACCEP	PTANCE TYPES SELECTED. AL	LL CARD BRAND ASS	SESSMENTS WILL BE PASSED THE	ROUGH AT COST.	APPLICATION FEE	\$
☐TIERED☐ FIXED OR		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	INSTALLATION/TRAINING	\$
☐ ENHANCED IC PLUS	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	1 (\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RETURN ITEM FEE/NSF (PER OCCUR)	\$
QUALIFIED	%+	- \$ <u></u>	%+ \$	%+\$	%+\$	%+\$	ACCOUNT MAINTENANCE	\$20
MID QUALIFIED	%+	\$	%+ \$	%+\$	%+\$	%+\$	CHARGEBACK (PER OCCUR)	\$15
NON QUALIFIED	%+	- \$ <u></u>	%+ \$	%+\$	%+\$	%+\$	ANNUAL FEE START DATE:	\$
OTHER TIER	☐ CHECK	CARD (T-opt /EI	"C-req) ☐ SPRMKT (T-opt	<i>'/EIC-NA)</i> □ QP:	S/SMALL TKT <i>(T-opt/EIC-NA)</i> % + \$	%+\$	MONTHLY MINIMUM	\$
REWARDS TIER	%+		%+\$ %+\$	%+\$ %+\$	- — ·——	%+\$	MONTHLY SERVICE FEE	\$ 10.00
(T-opt / EIC-req) COMMERCIAL		*				~~~	OTHER: Converge Billing	\$0.000
CARD TIER (T-opt /EIC-reg)	%+	- \$ <u></u>	%+ \$	%+ \$	%+ \$	%+ \$	OTHER:	\$0.000
Pass Thru:	,	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	SS OTHER:	\$ 0.000
IC PLUS	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	(\$) OTHER:	\$0.000
OR IC DIFF		6 + \$0.040	.05 % + \$0.040	.05 %+ \$0	., . , . ,	.20 % + \$0.10	OO STATEMENT: ELECTRONIC O	DR .
		VISA	MASTERCARD	DISCOVER*		AMERICAN EXPRES	- PAPER SS PRICING PROGRAMS	
DIFFERENTIAL	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	(\$) MONETARY PROGRAM:	
QUALIFIED	9	6 + \$ <u> </u>	%+ \$	%+\$	%+\$	%+\$	AUTH PROGRAM: 49159	
Non Qualified	9	%+\$	%+ \$	%+\$	%+\$	%+\$	FOURTHE 50000	
				AYPAL ACCEPTANCE A	*Discover includes JCB, D AND RATES ARE BASED ON CARD S	I, PAY PAL PAYMENT DEVIC		
AUTHORIZATIONS (PER OCCURF	RENCE)					SAFE T SERVICES BUNDLE	
VISA		\$ <u>0.000</u>	UNIONPAY	\$ <u>0.000</u>	VOICE AUTH TOUCH TONE	\$ <u>0.65</u>	Assoc Compliance	
MasterCard		\$ <u>0.000</u>	WEX	\$ <u>0.000</u>	VOICE- OPERATOR ASSISTED	\$ <u>0.95</u>	☐SAFE T SILVER	
DISCOVER		\$ <u>0.000</u>	DIAL COMMUNICATION	\$ <u>0.030</u>	Voice – with AVS	\$ <u>2.2</u>	☐SAFE T GOLD	\$6.95
AMEX		\$	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4</u>	Per month, taxes and other fees may apply, see company representation and certifications)	
PIN DEBIT								
		, ,	Pass Through (ICPLS)	,	<u>', l</u>	•	MARKUP) FIXED (FLAT RATE)	
APPLY RATE TO ALI INTERLINK .10 %			ER ITEM (\$) % + \$ MAESTRO .10 % + \$-	AUTH \$	PIN DEBIT MONTHLY FEE	· —— ,	40 0/ 0/40	10
AFFN .10 %+ \$-4			ALASKA .10 % + \$40		UPDBT <u>.10</u> % + \$.40		ACCEL <u>.10</u> % + \$ <u>40</u> AUTH \$ <u>0</u> NETS .10 % + \$40 AUTH \$00	
NYCE .10 % + \$2			PULSE .10 % + \$40		SHAZAM .10 % + \$40	1.00	NETS <u>.10 % + \$40</u> AUTH \$. <u>00</u> STAR .10 % + \$40 AUTH \$.00	
OTHER CARD T		<u>' — </u>	PULSE 10 70 + \$.4()	AUTH 4-00	SHAZAWI . 10 70 + \$-0	AUTH D.UU	MATHER TO THE TOTAL AUTH \$00	<u></u>
	10 DIGITS):	ISTING	PER AUTH: \$	EBT SE#	(7 DIGITS): F	PER AUTH: \$	☐ WEX (ADDITIONAL PAPERWORK RE	:0)
	נטטוטוט):		- +		,	•	☐ VOYAGER (ADDITIONAL PAPERWORK RE	
OTHER SE #:			PER AUTH: \$	OTHER SE #	F: F	PER AUTH: \$	U VOYAGER (ADDITIONAL PAPERWOR	N KEQ.)

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NAME Service Provide (Provide Provi	POINT OF S	SALE (E	QUIPME	ENT OR S	OFTWARE)											
TO FIDE	NETWORK:	■ ELAVON	(OTHER	A THIRD	PARTY INTE	GRATOR WILL BE US	ED FOR IMPLEMEN	ITATION:				COMMUNICA	ГІОМ МЕТНО	d (IP Def	AULT): DIAL
ONVERGE TRAN N CEN CVNOT N	VAR SERVIC	E PROVID	DER (HO	STED):		VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERSION:			
Transport Tran	# OF TIDS:			TID TYPE	(OMNI ONLY):	I			# OF TIDS:		TID TY	PE (OMNI ON	NLY):			
ONVERGE TIKKN GEN	QTY POS	S DESCRIP	TION		ITEM CODE	OMNI	PRICE PER		TERM	FEE PER		PURCHA	ASE LEA	SE** E	XISTING	EXCHANGE
	1 CON	NVERG	E TKN	N GEN	CVNGT		\$ 0.00	\$	(MONTHS)		\$	П	Г	7		
SURCHARGES CONGRITHAN AND TICK MARKS WILL BE ADMITTED THE FOLLOWING STATES THE FOLLOWING STAT	1 I in	k2500)		L2500	CNP	•	+		, ·						
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SURCHARGES CO. CT. KS. MA, ME AND CK CO. CT. K										-	+ -					
SUBCHARGES COURT CASIS SURCHARGES COURT CASIS										,		_				
SUNCHARGES CROT CACO SURCE VIAGORIS OF PROHIBITION THE FOLLOWING STATES: CO, CT, KS, MA, NE PAO OK CO, CT, KS, MA, NE PAO										,	-			-	<u> </u>	
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RENTAL EQUIPMENT: POS DESCRIPTION ITEM CODE TID TYPE CHOCK PER UNIT ANNUAL FEE PER UNIT SM CAND FEE PER UNIT FE									Ф		Þ		т		т	
Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below. TERMINAL PRORAMINE INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING) RETAIN (AUTO CLOSE DEFAULT) QUECK CLOSE STORE MAD FORWARD RESTAURANT (QUECK CLOSE DEFAULT) CLARD NOT PRESENT (AUTO CLOSE DEFAULT) CLOSE CLOSES CONTACT PROME TRAINING (DEFAULT = NOT TRAINING) TRAINING (DEFAULT) TRAINING (DEFAULT) TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONTACT HAME: CONTACT PROME #: TRAINING (DEFAULT) PROME INFORMATION: ACCESS #: CONT			Qтү	Y POS DESCRIPTION					PE			FEE MONTHLY SIFEE PER FI		SETU SIM C FEE F UNI	P/ ARD F ER T	FEE
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Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below. TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING) RETAIL (AUTO CLOSE DEFAULT) QUICK CLOSE RESTAURANT (QUICK CLOSE DEFAULT) QUICK CLOSE RESTAURANT (QUICK CLOSE DEFAULT) QUICK CLOSE DEFAULT) PERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING) RESTAURANT (QUICK CLOSE DEFAULT) QUICK CLOSE D	EQUIPMENT:									\$			\$	\$	•	5
Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and feurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below. TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING) DETAIL (AUTO CLOSE DEFAULT)									\$		\$		\$	\$	•	\$
Compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below. Terminal Programming Instructions (bo Not use for converge—this information) Outcome Ou									\$		\$	\$ \$		\$,	5
RETAIL (AUTO CLOSE DEFAULT)	compared refurbished the use of Application	to purce d upon rental e n, below	hasing return equipm v.	. Rental before be ent can l	equipment eing re-dep be found in	may be r loyed. Re the Equi	new or used an entals are mon pment Chaptel	nd is depende th to month a r of the Opera	nt on invento nd may be te ting Guide: a	ry available rminated at link to the C	at time of o	rder. Al Compa	ll used ed any. Addi	juipmen tional pr	t is insp ovision	s around
RESTAURANT (QUICK CLOSE DEFAULT)					•						□NoS	IGNATURE		ONTACTLE	ss (+ No	SIGNATURE)
CUSTOM PROMPTS:													_			,
Correct Products Cold Desalt N (Once Text No. No Tip (Rest) Correct Product (Rtt.) Remove Security Products (Form Redured) Tip Function Warter (Rtt.) Tip Function Cashier (Rtt.) Contact Product (Rtt.) Tip Function Cashier (Rtt.) Training (Default = No Training): Training Phone Information: Access #: Contact Name: Contact Product #: Contact Prod	☐ CARD NOT	PRESENT	(Аито С		•				•		, _	K STAY				
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Landerstand that I am entering into a	LONGER DEPLOYMEN	VT TIMEFRAMES	s)			•					I TIP FUNCTION WA				XIL)	
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 understand 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 \$4.95monthly 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 \$	Busine himsens areas to Court of Nove to Nove to Discour Business										. ,				NELL 15:	
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. NABA/ROUTING #: DDA ACCOUNT #:	,	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 \$4.95monthly 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														
Ladco Vendor Code: Lease Plan: REPORT Tools MCP Only OR OR MONTHLY Fee \$ Set Up Fee \$ # Users Set Up Type (check one)	Xl ur commercial made by the also realize understand equipment o understand damage to n	equipme e Sales R that I will the equip outright. that I will	ent lease Represe I have to Dement le As an I be per	e and that entative. Use pay app ease may alternative sonally re	I will be requi Inder a licable sales be more expeto a lease, I sponsible for	ired to ma -month to tax every ensive tha understar making pa	ake monthly payr erm with a month month and, if I do an purchasing the and I may purchas ayments under th	nents of \$ ily payments of o not provide executions are equipmented the equipments lease and the	under this lea \$, I und vidence of insur- ent outright, and nt outright at the at any failure to	ase for the enerstand the apprance, I will be did that I have he time of the less pay all amou	tire -mo pproximate to e charged an had an opport ease applicat unts when du	tal cost of additional cunity to re ion for the e may re	of the equipal \$4.95moresearch the amount sult in add	oment lead onthly to do ne cost to of \$ itional ch	ise to be cover equi purchas Finall arges, p	ntations s \$. I uipment. I se the same y, I otential
REPORT TOOLS MCP ONLY OR MCP WITH OCM MONTHLY FEE \$ SET UP FEE \$ # USERS SET UP TYPE (CHECK ONE) MID CHN ENT	X l ur commercial made by the also realize understand requipment or understand damage to mapplicable. Company here owed in accord to time. A leas	equipme e Sales R that I will the equip outright. that I will my credit eby author dance with se paymen	ent lease Represe I have to pment lo As an I be per rating, rizes Ela h the lea at (wheth	e and that entative. Lo pay appease may alternative sonally re and/or leg von, througher paid by containing the paid by containing the second	I will be requ Inder a licable sales be more exp to a lease, I sponsible for gal action aga h its Ladco Lea cable, by initiati lebit or other m	ired to ma -month to tax every ensive tha understar making pa tinst me to sing division ng debit en eans) that is	ake monthly payrerm with a month month and, if I dun purchasing the high I dun purchas ayments under the collect both pas in ("Lessor"), to autotries to Company's and honored by Basen of the content of the company's and the company	ments of \$ Ily payments of o not provide executions are equipment of the e	under this least I und vidence of insuient outright, and outright at the at any failure to yments owed under the company's more ancial institution ('s will be subject to	ase for the enterstand the aprance, I will be did that I have I be time of the less opay all amounder the lease withly lease paym 'Bank') indicated	tire -mo proximate to e charged an and an opport ease applicat ints when du e. The end of ents and any a	tal cost of additional cunity to reion for the e may refelease refelease refelease refelease refelease in the	of the equipal \$4.95mc research the amount sult in add esidual valuations and any ancial institution.	oment lead on the cost to of \$ itional characteristand all tax atton used	es or othe	ntations \$. I uipment. I se the same y, I otential ollus taxes if er charges, any from time
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SUBSTITUTE										
☐ 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										
ll	☐ 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*: Homer Skelton Hyundai										
*Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.										
LEGAL BUSINESS	S ADDRESS (NO PO BOX): 8145	New Craft Road			0	R TIN (EMPLOYER ID #): 51-06	603307			
CITY: Olive B	Branch	STATE: MS	ZIP: 3	38654		TIN (SOCIAL SECURITY #):				
Сомр	ANY REPRESENTATIONS AN	CERTIFICATIONS	•							
Company Representations and Certifications. By signing below, the splicant company (Company) and its representatively perpessent and warrant to Elavon, Inc., ("Elavon" or "Member" as applicable), with offices at 7900 Chapman Highway, Knowline. In 37920 Collectively, "be" or "to", if the United Programs of the United Pro										
* By signing this **The Internal Re	evenue Service does not require you	on behalf of the Company to r consent to any provision o	a mandato f this docu	American Express® Paym conditions directly against by binding arbitration provi ment other than the certific	nent Dev t Compa ision se cations	the terms and conditions applicable to C rices, and that American Express has the ny. It forth in the TOS and expressly incor required to avoid backup withholding, and address provided for the legal entit	porated herein. In addition, by signing this			
information prov	rided about the beneficial owner(s) a		trol over ti	he legal entity customer is		te and accurate.	DATE: 08/02/2019			
H	Homer Skelton Homer Skelton (Aug 2, 2019)					TITLE: Owner/Proprietor				
SIGNATURE: X		PRINTED NAME:				TITLE: - Select One -	DATE:			
As a pringuarant with Lear may proceed direct be discharged or understand that it benefit from the g	ee the continuing full and faithful performs ased Equipment, if applicable) pursuan ctly against Guarantor(s) without first e affected by the death of the Guarantor ne inducement to us to accept this Con	mance and payment by Comp to the Company Application a xhausting our remedies agains s, will bind all heirs, administrat pany Application is considerat cts any consumer reporting age	any of each nd Agreem it any other ors, repres- ion for the opency to furn	n of its duties and obligations ent, as may be amended fror person or entity responsible entatives and assigns and maguaranty and that this guaran juha consumer credit report	to us (ir m time to therefor ay be er nty rema	application, jointly and severally, uncondit cluding, without limitation, Chargebacks o time, with or without notice. Guarantor(e to them or any security held by us or C forced by or for the benefit of any of our ins in full force and effect even if the Guates personally to the undersigned upon the	and obligations in connection s) understand further that we ompany. This guarantee will not successors. Guarantor(s) rantor(s) receive no additional			
SIGNATURE: X	<u> </u>	•		D NAME:			DATE:			
SIGNATURE: X			PRINTE	d Name:			DATE:			
		SL	JBMITTE	DBY (SALES USE ONLY)						
	knowledge, I certify that the information company's owner(s) or officer(s), as approximately		plication wa	as provided by the Company	and is t	rue, complete and accurate. I further cert	ify that the signatures were			
SALES REP SIGN	F 1 12		milv Ka	arawadra	Ri	EP ID #: 41412	DATE: 08/02/2019			
REP PHONE #:	orning rando	REP EMAIL: emil					USA-MSP-ELV-1018			
		CIIII	y Simpe	aorpayo.com		LENVON				

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	Timon shrowing to the value hadde solvided below.										
DBA NAME: Homer Skelton Hyundai											
CONTACT NAME: Roger Mcguire	DBA PHONE #: 662-890-0100										
DBA ADDRESS 1 (NO PO Box): 8145 New Craft Road	DBA ADDRESS 2:										
CITY: Olive Branch STATE: MS	ZIP CODE: 38654										
ELECTRONIC CHECK SERVICE	Zii OODL.										
	MAXIMUM CHECK AMOUNT: \$ ►ECS MONTHLY MINIMUM: \$										
ECS- PAPER CHECK CONVERSION											
PROCESSING OPTIONS: CONVERSION WITH GUARANTEE GU	GUARANTEE RATE: % PER TRANSACTION: \$										
□ POP (POS IMAGE) □ ARC (POS IMAGE) □ CONVERSION W/ VERIFICATION OR PER TRAI	NSACTION: \$ PER RETURN TRANSACTION: \$										
BOC CONVERSION ONLY ACH CHECK - CHECK NOT PRESENT (CNP)											
PROCESSING OPTIONS:	ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$										
CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP NDIVIDUAL ENROLLMENT (CHOOSE ONE)	PER RETURN TRANSACTION: \$										
	ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$										
CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP	PER RETURN TRANSACTION: \$										
OTHER ECS CHECK CONVERSION SERVICES REQUESTED											
INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE NSF SERVICE FEE AMOUNT:	G @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE MAX ALLOWED OR SPECIFIED SERVICE FEE AMOUNT \$										
SERVICE) ACH ECHECK NSF SERVICE FEE	AMOUNT: \$\begin{align*} \begin{align*} ali										
PER MONTH SPECIFY NSF RESUBMISSION AT	TEMPTS: ■ 0 OR ■ 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 REN	NT PAYMENTS: MONTHLY BILLING FOR GENERAL SERVICES)?										
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANC YES NO											
3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPER	RATING 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 PRO' 4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? EXISTING NEW											
WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOME											
FANFARE											
SECONDARY MID - EXISTING MID/DBA:											
FANFARE PACKAGES											
GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW) SET-UP FEE: \$	MONTHLY FEE (PER MID): \$										
□ BASIC LOYALTY (NO CARDS) SET-UP FEE: \$ □ BASIC GIFT (INDICATE CARD ORDER BELOW)	MONTHLY FEE (PER MID): \$ MONTHLY FEE (PER MID): \$										
CARD ORDER & RE-ORDERS:	MONTHLY FEE (PER MID): \$										
CARD ORDER CARD QUANTITY PRICE	CARD TYPE PROMOTIONAL CHARITTY										
CARD QUANTITY PRICE	PROMOTIONAL QUANTITY LOYALTY QUANTITY										
\$	GIFT QUANTITY										
<u> </u>	CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)										
ADDITIONAL OPTIONS:											
MAX CARD VALUE \$ (DEFAULT \$1000)	PPLIED TO FEES BILLED FOR FANFARE***										
STANDARD CARD ORDER DETAILS	PLIED TO FEES BILLED FOR FANFARE										
CARD STYLE: TEXT COLOR:											
JUSTIFICATION: LEFT CENTER RIGHT AS SUBMITTED											
	ELAVON.COM OR TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)										
MPRINT: ◆FONT (SELECT ONE): ☐ Arial ☐ Stude Script ☐ Times New Roma ◆Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower ca											
	 										
	 										
FANFARE NOTES											
OTHER VALUE ADDED SERVICES											
DCC	Conversion Rate: % DCC Rebate: %										
	al DCC Registration Fee: \$ DCC Exchange Rate Source: US Bank										
HEALTHCARE: TRANSEND PAY RATE: 1.50%	PAYMENT LIMIT \$										
SIGNATURE (Signature below is only required when enrolling for the Value Add	ed Services listed on this page.)										
By signing below, Company warrants the truthfulness and accuracy of the information provide	ED, AGREES TO PAY THE FEES SET FORTH HEREIN.										
SIGNATURE NAME & TITLE	Date										

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SALES WORKSHEET

DBA: Homer Skelton Hyundai

ACCOUNT DESIGNA	TION										
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	Existing I	MID:		EXISTING CHAIN #:		LOCATION	OF		
PORTFOLIO CODE:		FI:		AGENT:		BANK: MS		RT NAME: MSIM	PACT		
CLIENT GROUP #: 17		ENTITY:	44928		REP #: 4	1412	AW	AWB:			
ONSITE INSPECTION: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN: SEPARATE BUILDING PRIVATE RESIDENCE SHOPPING CENTER/MALL OFFICE BUILDING KIOSK OTHER (DESCRIBE): I HAVE PHYSICALLY BEEN ON SITE MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS PERSON MET WITH:											
PRINTED NAME: Emily	Karawadra			REP#: 41412			Date: 08/02/2019				
SPECIAL INSTRUCTI	ONS										
CREDIT UNDERWRITING NOTES: ADDRESS NOTES:											
	Mailing Address: Homer Skelton Hyundai - Roger Mcguire 8145 New Craft Olive Branch, MS 38654 Phone: 662-890- 0100 Fax: Notes:										

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				dditiona							
ır)	Percentage of Ownership	☐ Benefi	cial Owner:	☐ Autho	rized S	Signer	PG Only	Intermedia	ry Business Responsible Party		
lice	First Name:		Middle Na	ame:			Last Name:				
JQ.	DOB:	ID Type:		ID#:		If For	If Foreign, Country of Issuance:				
ner	If ID Type "Other"					· · · · · · · · · · · · · · · · · · ·					
Part	Other ID Type:		Other	ID#:			If Gov't Issued	d – ID Name:			
ner/	Address/Type: :		•				,	Phone #:			
NO N	City:						State/Province	e:	Zip/Postal Code:		
Principal Information 2 (Owner/Partner/Officer)	Principal address matches the address otherwise noted.	ess on the F	Primary Ider	ntification Do	cumer	nt above u	nless	☐ Seconda	ary ID included if no address match		
natic	Previous Address if current address	is less thar	2 years: A	ddress:							
forr	City: State/Province: Zip/Postal Code:										
Ē	Country(s) of citizenship:										
ipal	Intermediary Business Information										
inc	Intermediary Business Name					Intermed	iary Contact Na	me			
<u> </u>	Intermediary Phone Number					Intermed	iary Email Addre	ess			
r)	Percentage of Ownership	☐ Benefi	cial Owner:	☐ Autho	rized S	Signer	PG Only [Intermedia	ry Business Responsible Party		
ice	First Name:		Middle Na	ame:			Last Name:				
)Off	DOB:	ID Type:		ID#:		If For	oreign, Country of Issuance:				
ner	If ID Type "Other"										
art	Other ID Type: Other ID#: If Gov't Issued – ID Name:										
ner/F	Address/Type: :						Phone #:				
Ŏ	City:				State/Province	э:	Zip/Postal Code:				
Principal Information 3 (Owner/Partner/Officer)	Principal address matches the address on the Primary Identification Document above unless otherwise noted. □ Secondary ID included if no address match										
matic	Previous Address if current address is less than 2 years: Address:										
for	City: State/Province: Zip/Postal Code:										
드	Country(s) of citizenship:										
ci ps	Intermediary Business Information	Intermediary Business Information									
į.	Intermediary Business Name						diary Contact Name				
а.	Intermediary Phone Number						iary Email Addre				
	Percentage of Ownership	□ Benefici	al Owner:	☐ Autho	rized S	Signer	☐ PG Only ☐	_ Intermedia	ry Business Responsible Party		
-	First Name:	ID Turner	Middle Na			14 🗆	Last Name:	laaaaa.			
-	DOB: If ID Type "Other"	ID Type:		ID#:		II FOR	eign, Country of	issuance:			
n 4 er)	Other ID Type:		Other	ID#:			If Gov't Issued	d – ID Name:			
fic	Address/Type: :							Phone #:			
rma er/0	City:						State/Province	э:	Zip/Postal Code:		
Principal Information 4 (Owner/Partner/Officer)	Principal address matches the address otherwise noted.	ess on the F	Primary Ider	ntification Do	cumer	nt above u	nless	□ Seconda	ary ID included if no address match		
ipa er/F	Previous Address if current address	is less than	2 years: A	ddress:							
inc	City:		-		State	e/Province	:		Zip/Postal Code:		
<u> 9</u> 0	Country(s) of citizenship:				•				,		
	Intermediary Business Information										
	Intermediary Business Name					Intermed	iary Contact Na	me			
	Intermediary Phone Number					Intermediary Email Address					

	Percentage of Ownership	☐ Beneficia	al Owner:	☐ Authori	zed Signer	☐ PG Only [Intermediar	y Business	Responsible Party		
	First Name:		Middle N	ame:		Last Name:	Last Name:				
	DOB:		ID#:	If Fo	reign, Country of	of Issuance:					
	If ID Type "Other"										
n 5 cer)	Other ID Type:		Othe	r ID#:		If Gov't Issued – ID Name:					
atio Offic	Address/Type: :										
oformation tner/Offic	City:			State/Province	e:	Code:					
Principal Information Owner/Partner/Office	Principal address matches the add otherwise noted.	rimary Ide	nless Secondary ID included if no address match								
ipa er/	Previous Address if current address is less than 2 years: Address:										
rinc	City:		State/Province	te/Province: Zip/Postal Code:							
<u> </u>	Country(s) of citizenship:										
	Intermediary Business Information										
	Intermediary Business Name		Intermed	Intermediary Contact Name							
	Intermediary Phone Number				Intermed	diary Email Addr	ess				