

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: iBuxx Impact

Susiness Information					
David Hamilton				Stuffy's Frosty Jug	
Merchant Legal Business Name				DBA Name	
112 Academy St				112 Academy St	
Mailing Address			-	DBA Address (Physical,	No PO Boxes)
Dickson	Tennessee	37055		Dickson	Tennessee 37055
City	State 2	Zip		City	State Zip
6154460030				6154188165	
.egal Phone #	Legal Fax #			DBA Phone #	DBA Fax #
461350231	10 Yrs. 1	10 Mos. 📃 New bi	usiness 📃 New owner	Seasonal? Yes No List mo	nths
ederal Tax ID # (Must be 9 digits)	Length Ov	vned	Rusinasa Lisansa	Data Opanadi	15 nov 2012
		s	Business License	Date Opened:	
Ierchant State registration		E-mail Address:	TUFFYSFROSTYJUG@Y	Web site Address:	
ny prior	Yes If yes:	🗌 Personal 📃 Busir	ness If yes, how long		
	-				
Type of Sole Prop	rietorship 📃 LL	.C Partnership	Ltd Partnership Cor	p, check one: 📃 Public 📃 Private 🗌	Non Other
usiness Type					
		Internet 06 M	lail % 🗌 T	el % 🗌 Bus-to-Bus	06
Petail Pestaurant I odging	Service				
🛯 Retail 🗌 Restaurant 🗌 Lodging	Service		9090 1		-
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PATRIOT ACT	/ Site Survey REQUIREMENTS - d record information ne, physical address	To help t	he government	fight the fu	unding of terro	orism and	d money laundering	activities, the	USA Pa	triot Act requires	s all finar	icial inst	itutions to
ask for your nar license or other	identifying documer	s, date of hts. Comp	birth, taxpayer blete Sections I	identificatio	on number an III. (*In Sect	d other i ion II, Dr	nformation that will iver's License requi	allow us to ider red use othe	ntify you r ID only	. We may also a / if no Driver's L	ask to se icense is	e your d sued.)	river's
Business	Section 1: Form of Identificat	ion	11	Applicat tems Revi			Individua	ion II: al Form of fication		Ite	Applica ems Rev	able viewed:	
			Business Nar	me:									
Govt Issued Bu	siness License		Date and Plac Issuance:	ce of		D	rivers License:	035924761		Name:		David Ha	amilton
Tax Return						S	tate ID:			Date of Birth:		22 dec 1	
Corporate Reso	lution		ID/Tax ID Nu	mber: 40	61350231		assport:			DL/ID#:		0359247	'61
Entity Agencies							filitary ID:			Date of Issuar	nce:		
Business financ	ial Statement		Expiration Da	ite:			lexican Consulate D:			State of Issuar	nce:	None	
Partnership Agr	eement									Expiration:		Dec 26,	2027
			Type Fin'l S't			R	esident Alien ID:			Address:		116 Aca	demy St
Section III													
On site visit o	lone by Sales Rep		Bus	siness Con	sistent with A	pplicatio	n (including any e-C	commerce add	endums	(s))			
Address of lo	cation inspected:		DBA Address	Lega	Address	URL	listed in eCommer	ce addendum		Other Addres	ss:		
	•												
	ted at business mat				No		s inventory volume				<i>t</i> t -1-		
	ave appropriate bus erchant's inventory?			No Iomploo2	Yes No		store hours posted		_	, ,	/td>		
	consistent with merc			amples?		Diu yu	ou get Interior/exteri Comments:			No			
,													
6	ales Representative						Date:						
* By signing abo	ove you hereby ackn the case of information	nowledge	that the information	ation listed	herein is true	and acc	urate and was pers	onally observe	d on the	indicated docu	ment, an	d at the	indicated
		uon nated		Commerce				icable.					
Principal Inform	nation												
Principal's	Title	Date	of Birth	Ownershi	p % of Time	Social	Security # (Processo	r's privacy	-	Residential Addre	200	Posido	ential Phone
Name	The	Date	лыпп	% / Years	•		or collection and us		'	(City, State, Zip		#	indai r none
				707 Fould	Business		y numbers can be fo			(011); 01410; 1.p	,		
							, ecurebancard.com)						
									116 Aca	demy St, Dickson	. TN.		
David Hamilton	Owner			100/10 Yea	ars	******44	13		37055		., ,	615418	8165
												•	
Bank Informati	on												
Name of Financi	al Institution		A	ccount nur	mber		Routing #	Phone #	c	Contact	Date O	pened	
Pinnacle			**	*2254			064008637						
*AUTHORIZA	TION FOR AUTOM	IATIC FU	NDS TRANSF	ER (ACH):	: The Mercha	nt Bank	(defined below) is	authorized to i	nitiate o	r transmit credit	and/or o	lebit and	d/or check
entries to the	account identified re	elating to	the above acco	ount for the	services cont	template	d under this Agreen	nent. Said auth	ority is	granted to Mercl	hant Ban	k's proc	essor and
their agents.	REQUIRED: ATTACH	VOIDED 0	CHECK										
			Redeal all stress		1.1								
Please selec	t one for ACH acco	ount type	listed above:	C	пескіпд ассо	ount S	avings account	Bank GL acc	ount				
Trada / Rusina	ss References												
Trade Name	SS Relefences	Accou	unt #		Product So	Nd		Phone #' (1	0.00	#c)			
			unt #		Froduct St	Ju				, ,			
None None		None None						None None None None					
None		None						None None					
Other husing	sses in which mer	chant or	a principal are	e now or p	reviously ha	ve been	involved as owne	r/operator/dire	ector:				

2 of 6

	3 o	of 6		Merchant initials	DH	
Processing Information						
Card Types Accepted:	 All Visa/MasterCard/Discover Card All Discover Cards JCB** American Express ** Diners/Carte Blanche** 	Vis Ma	sterCard Credit Cards a a Credit Cards and Bus sterCard Debit cards or a Debit cards only I Based Debit/EBT Card	nly		
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sales Monthly \$ <u>185000</u> ,00Annual \$ Projected Visa/MC/DISC/Amex High <u>\$2500.00</u>	Electronic key-entered Electronic card not pres Touch-tone card not pr Ticket Touch-tone card not pr Mail/Telephone Order eCommerce (card not p	(with imprints) sent (w/out imprints) OR resent (with imprints) resent (no imprints) (card not present) present)	95 % 5 % None % % None % None %		arty fulfillment? Yes 'yes'' and phone number:	
	N	OTE: TOTAL (must equal 1	.00%)			
	nternet: supply copy of print advertising, lio tape (Radio or IVR), and Web-page s o getting signature? No Yes		S	Do you bill your customer p shipped? If yes, how many 3-30 days 31-60 days Over 90 days	days? 🔲 0-2 days	
How do you advertise? 🔲 Yellow paç	ges 🔲 Telemarketing 🔲 Catalog 🔲 Inter	rnet 🗌 Word of mouth 🗌 Pu	blications 🗌 Mass/Direc	ct mail 🗌 Other 🔜		
Actual chargeback volume for most re # of locations? If yo	Commerce merchant, please provide me ecent 3 months \$ ou are affiliated with an existing account, ependent contractors or agents or me	6 months \$	rchant ID#:	older data:		
Merchant 🗌 Owns 🗌 Leases Location	ו(s)?	How long at curr	ent locations(s)?:			
Name/address of mortgage holder/land	lord:					
Other significant Merchant Contacts wit						
American Express Existing Accounts: If you currently accept AXP payments account. Existing AXP SE #:	s, and your AXP volume is less than \$1N	VM annually, you must subn	hit your existing AXP#. V	We will assign you a new A	XP # for this	
If you currently accept AXP payments	s in excess of \$1MM annually, please pr	ovide your existing AXP#, s	o so we can convey this	s to AXP on your behalf.		
	payments, and your annual volume is le	ss than \$1MM, if you reques	t AXP, we will assign yo	ou an AXP # for this accour	nt, so you can start	
If you do not currently have an AXP #, and your annual volume is more than \$1MM, we will contact AXP on your behalf.						
offers or promotions of AXP products	ore than \$1MM annually, you may be mo or services from AXP via offline or on-li t it may take some time, consistent with	ne means (such as tradition	al mail and telephone),	please contact customer se		
Call Secure Bancard, LLC Customer	Service at: 1-855-271-1500					
	all Card Association card types. Some P responsibility to enforce this. If you reque					
** Denotes Services and Programs Merchant Bank has no responsibilit	listed above or below in this Applicati y or liability therefor.	ion, which are provided by	Processor and its cor	ntractors and not by Merc	hant Bank.	

4 of 6

Merchant initials D H

FEE SCHEDULE

** Equipment Options												
Model			Qty	Purchase New		hase rbished		Rent	Purchase Other Source	Merchant Owned		Price
Terminal			4.9								\$	
Terminal											\$	
Printer PIN Pad											\$	
Imprinter				Purchase Only		-					ə	
Other											\$	
											\$	
Shipping, handling and tax will be	billed in ac	dition t	o the eq	uipment price listed a	above.							
Equipment Billing to:			Mei	rchant 📃 Agent 📃 O	ther							
Ship Equipment to:				A Legal Agent		er:						
Send Welcome Kit to: Merchant training provided by:				A Legal Agent Cessor Agent C								
			FIU	cessor Agent a c	Julei.							
SERVICE ACCEPTANCE AND F	EE SCHE	DULE										
Discount Rates Interchange Pa	ass Through	I Discou	nt Rate	% Per Item \$		Asso	ciation	Dues & Asse	ssments Pass Through			
Rate 1	%	Per Iter	n\$Ra	te 2		%		Per Item \$	Rate 3		%	Per Item \$
Visa Qual Credit	3.79		Vis	a Mid-Qual Credit					Visa Non-Qual Credit			
Master Card Qual Credit	3.79		Ма	ster Mid-Card Qual Credit					Master Non-Card Qual Credit			
Discover Network - PayPal Qual Credit	3.79		Dis	scover Netword - PayPal Mi	d-Qual Cr	redit			Discover Network - PayPal Non-O	Qual Credit		
American Express Qual Credit	3.79		Am	nerican Express Mid-Qual C	Credit				American Express Non-Qual Cre	dit		
Visa Qual Debit	3.79		Vis	a Mid-Qual Debit					Visa Non-Qual Debit			
Master Card Qual Debit	3.79		Ma	ster Card Mid-Qual Debit					Master Card Non-Qual Debit			
Discover Network - PayPal Qual Debit	3.79		Dis	cover Network - PayPal Mi	d-Qual De	ebit			Discover Network - PayPal Non-	Qual Debit		
Pin Debit			EB	Т					Star		\$1 per mon	th
Visa Rewards (Discount Rate \$ 3.79 Per Item Amex Rewards (Discount Rate \$ 3.79 Per Item Discover Rewards (Discount Rate \$ 3.79 Per Item Discover Rewards (Discount Rate \$ 3.79 Per Item Non-Bankcard Types Accepted JCB Card % Diners Carte Blanche% American Express Discount rate% OR Monthly Flat Fee: \$ Monthly Gross Pay Daily Gross Pay Retail \$ Trans Fee + % OR Est. Annual Amex Volume: \$ None AMEX Pay Frequency 3 day 15 day 30 day Amex Fees disclosed in this section are billed by American Express												
Monthly Statement Fee \$ 39.95 Application/Setup Fee \$ None ACH Reject/Change Fee \$ 25.00 Online Merchant Portal \$ None monthly Chargeback/Retrieval Fee \$ 25.0015 Wach Monthly Minimum: \$ None Voice Auth/ARU Fee \$ None ACH Batch Fee \$ None each ACH Debit \$1.00 Upon Account Approval AVS Fee \$ None each CVV2 Fee \$ None each Tokenization Fee \$ None monthly ** Gateway Fee \$ None monthly ** Administrative Maintenance Fee \$ None monthly ** Other \$ None per												
See Sect	ions 13.b.	iv and	18 of th	e Agreement for oth	her fee	s that may l	oe ass	essed due t	to the action or inaction	of Merchant.		

5 of 6

Merchant initials

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Number of e-Commerce	ce websites:		(If more than 1, complete, initial and attach an additional copy of this page for each additional web				l website)	
Website URL:		Website server IP Address:		None	Website DBA:			
Customer Service: em	ail address:	STUFFYSFR	OSTYJUG@YAHOO.COM	Telephone:	6154460030	List all links to other websites:		
Web Hosting Service I	Name:			Address:		Contact Telephone:		
Fullfillment House Na	me:			Address:		Contact Telephone:		
How do you advertise	:			(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
Do you bill customer's	s card before ship	ping product		If Yes, how many days before?				
What is your return/re	fund policy?			Website Security Method:				
Digital Certificate Issu	er:			Digital Cert No(s)/Exp Date(s)				venership ed 🗌 Individual

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

eCommerce Application Addendum

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3). acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies as originals of other document; bearing Merchant's and Guarantor(s)'s signa

AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I representthat I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Accep-tance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize NCR, Secure Bancard, and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information inthis application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Secure Bancard American Express' agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I alsoauthorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read andunderstand the English language. Please read the American Express Privacy Statement at

http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will beprovided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

MERCHANT SIGNATURES

×1) AJADIGE	Dec. 08, 2022
Principal/Owner for Merchant	Date
David Hamilton	Owner
Print Name	Title
X 2)	
Principal/Owner for Merchant	Date
Print Name	Title
X 3)	
Principal/Owner for Merchant	Date
Print Name	Title

	Dec. 08, 2022
Guarantor Signature (No Titles)	Date
David Hamilton	
Print Name (No Titles)	
X 2)	
Guarantor Signature (No Titles)	Date
Print Name (No Titles)	
X 3)	
Guarantor Signature (No Titles)	Date
- · · /	
Print Name (No Titles)	

FOR INTERNAL USE ONLY			
X)		X)	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

6 of 6

Merchant initials

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Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified 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 identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification including any Patriot Act/customer identification forms and taxpayer identification forms and negrification including the Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification forms included therein or prescribed for use therewith. Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) 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 information. Secure Bancard's privacy policy can be found at http://www.secur

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Dec. 08, 2022

Merchant Legal Name: David Hamilton Merchant Federal Tax ID (as it appears on income tax return): <u>409784413</u> Merchant State of formation/Incorporation: TN Merchant Address: 116 Academy St, Dickson, TN, 37055 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, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership interests of individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that 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 listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name David Hamilton	Title Owner	% of Legal Entity OwnerShip: 100 %		
Individual's Home (Street) Address (No P.O. Box) 116 Academy St	City, State, Zip Dickson, TN, 37055	Date of birth 22 dec 1949		
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ider *******4413	ntification No. (l	TIN):	Control Prong?
Id Type:*	State/Country of Issuance TN	Date Issued 26 dec 2019	Expiration Date 26 dec 2027	Number on ID: 035924761
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 Mo	(SSN)/Individual Taxpayer Ider	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 Mo	(SSN)/Individual Taxpayer Ider	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 Dickson, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Ves IN No	(SSN)/Individual Taxpayer Identification No. (ITIN):			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 David Hamilton	Title Owner		% of Legal Entity OwnerShip: 100 %	
Individual's Home (Street) Address (No P.O. Box) 116 Academy St	City, State, Zip Dickson, TN, 37055	Date of birth 22 dec 1949		
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? I Yes No	(SSN)/Individual Taxpayer Ider *******4413	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 TN	Date Issued 26 dec 2019	Expiration Date 26 dec 2027	Number on ID: 035924761

*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.

Certifications and Signatures:

Cerufications and Signatures: 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's 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.

ALA GARE

Dec. 08, 2022

David Hamilton

Authorized Signer Signature

Date Signed Authorized Signer Printed Name

Processor's Rep. Signature

Date Signed

Processor's Rep. Printed Name

VISA DISCLOSURE PAGE

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

LLA GIVEE	Dec. 08, 2022
Merchant's Signature	Date
David Hamilton	Owner
Merchant's Printed Name	Title