

Signing Rep: Morgan Withee

CSA-3576-003

Sales Office Phone: 877-251-0778

FAX:

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # PCS2205 (ia) (1) TELL US ABOUT YOUR BUSINESS Loc. 1 of 1
Client's Business Name: Kingdom Kids Kingdom Kids Hair Palace
Business Address: 7825 Winchester Road STE102
City: Memphis State TN Zip 38125
Billing Address: 7825 Winchester Road STE102
City: Memphis State TN Zip 38125
Contact Name: Christy Franklin
Contact Phone #: 901-425-4826
Contact Fax #:
Business E-mail Address: Cflavor2@yahoo.com
Business Website Address:
Send Retrieval Requests / Fax Type to: Business Address Fax #
SIC/MCC 7230
Statement Type: (check one) Detail Summary Statement Delivery Method: (check one) E-Mail Online Print and Mail
Funding will 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's Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841, the registration is required with Visa and/or Mastercard within 30 days from when your accounts 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 regulations.
1- Registration for MCC7841 is only required for Non-Face-to-face adult content. 2- Information herein, including applicable MCC's, is subject to change

(2) M C / V I S A / D I S C O V E R ® NETWORK FULL SERVICE / AMERICAN EXPRESS

Monthly MC/ Visa/ Discover/ Amex/ Debit Vol. for this Outlet: \$ 6000.00
Estimated Average Ticket /Sales Amount: \$ 85.00
Estimated High Ticket Amount: \$ 300.00

(3) ENTITLEMENTS

MC/ Visa/ Discover Full Processing (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)
Voyager Fleet\* Annual Voyager Volume: \$ Tax exempt Voyager Cards accepted: Yes No MC Fleet
WEX Full Acquiring Annual WEX Volume: \$ WEX Non-Full Svc or Wex Crossroads
Existing Discover Retained SE # Non-Lic. JCB (EDC) (Existing Account #)
American Express (Existing Direct SE #)
American Express Cap # Franchise Name: Other: SE #:
Debit Package 8 4 0 7 2 0 6 1 EBT FNS # (XREF): EBT CASH

(4) PROVIDE MORE BUSINESS DATA

State Incorp. Month/Yr. Started: Sole Ownership Partnership Non Profit/Tax Exempt Public Corp. Private Corp. L.L.C. Gov't.
Check one: TIN Type: EIN (Fed Tax ID #) 86-2273998 SSN D&B #:

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)
Name (as it appears on your SS 4 form) Kingdom Kids Hair Palace Federal Tax ID#: (as it appears on your SS 4 form) 86-2273998
I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

Mag Swipe 98 % + Keyed Manually 2 % = 100% Product/Services You Sell: Hair Salon
POS Card Present (MAG Swipe and/or Manual Imprint) % + Mail Order/Direct Marketing % + Phone Order % + Internet % = 100%
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:
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests:

(5) DESCRIBE EQUIPMENT DETAILS

Network: (206) CARDnet Nashville BuyPass Other Nashville Specify Security Code: ( )
QTY IP/Dial Equipment Type (i.e. Terminal/ VAR/ Internet) Model Code and Name Equipment Track / Version/ Serial #
Clover Mini

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

VAR/ Internet/ Software: Name: (Nashville Only: Product ID # Vendor ID #
Auto Settle Time 8:00 PM Debit Cash Back Clerk /Server Entry Retail With Tip QSR-CR/SMT (Convenience/Small Ticket) QSR Print Option

PLEASE SEND COMPLETED INFORMATION TO Petroleum Card Services
Phone: 866.427.7297 • FAX: 775.782.7572 • Email: Applications@pcs4fuel.com • www.pcs4fuel.com

**MERCHANT PROCESSING APPLICATION AND AGREEMENT**

PCS2205 (ia)	(6) PROVIDE YOUR OWNER INFORMATION	PCS2205 (a)			
<b>Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business</b>					
<b>Owner/Partner/Officer Name:</b> Christy Franklin	<b>D.O.B.:</b> 07/03/1974	<b>Social Security #:</b> 412-61-3801	<b>Home Phone:</b> 901-497-3517	<b>Title:</b> Owner	<b>% of Ownership</b> 51
<b>Home Address:</b> 99 Polo Run Cv	<b>City:</b> Byhalia	<b>State:</b> MS	<b>Zip:</b> 38611	<b>Owner's E-Mail Address (Required for Click to Agree)</b> cflavor2@yahoo.com	
<b>Owner/Partner/Officer Name:</b> Ricky Franklin	<b>D.O.B.:</b> 05/29/1966	<b>Social Security #:</b> 408-27-9037	<b>Home Phone:</b> 901-497-3517	<b>Title:</b> Owner	<b>% of Ownership</b> 49
<b>Home Address:</b> 99 Polo Run Cv	<b>City:</b> Byhalia	<b>State:</b> MS	<b>Zip:</b> 38611	<b>Owner's E-Mail Address (Required for Click to Agree)</b> franklinricky315@gmail.com	
<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Controlling Position</b> Christy Franklin	<b>D.O.B.:</b> 07/03/1974	<b>Social Security #:</b> 412-61-3801	<b>Home Phone:</b> 901-497-3517	<b>Title:</b> Owner	<b>% of Ownership</b> 51
<b>Home Address:</b> 99 Polo Run Cv	<b>City:</b> Byhalia	<b>State:</b> MS	<b>Zip:</b> 38611	<b>Owner's E-Mail Address (Required for Click to Agree)</b> cflavor2@yahoo.com	

**(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE**

<p style="text-align:center;"><b>Start-Up Fees (One-Time Charge)</b></p> <p><b>Non-Taxable Fees:</b></p> <p><b>Application Fee (Non-Refundable)</b> (32I) \$ 0.00</p> <p><b>Account Validation Fee</b> (182) \$ _____ <i>(One-time fee charged at time of boarding)</i></p> <p><b>Reprogramming Fee</b> (31A) \$ _____</p> <p><b>Debit Set-up Fee</b> (31B) \$ _____</p> <hr/> <p style="text-align:center;"><b>Billed Monthly Fees</b></p> <p><b>Monthly Service Fee</b> (335) \$ _____</p> <p><b>Minimum Processing Fee</b> (953) \$ 0.00</p> <p><b>Wireless Access Fee Per TID</b> (60J) \$ _____</p> <p><b>Monthly ClientLine® Fee</b> (32R) \$ _____</p> <p><b>eIDS Monthly Fee</b> (29E) \$ _____</p> <p><b>Regulatory Product Fee</b> (35I) \$ 0.00</p> <p><b>Monthly Statement Fee</b> (323) \$ 25.00</p> <p><b>TIN/TFN Blank or Invalid Fee</b> (181) \$ _____ <i>(as applicable)</i></p> <p><b>Merchant Supply Advantage</b> (413) \$ _____</p> <p><b>Network Access Fee – Debit</b> (420) \$ _____</p> <p><b>TranArmor Service Fee</b> (30L) \$ _____</p> <p><b>Gateway Fee</b> (417) \$ _____</p> <p><b>Misc. Fee:</b> (31J) \$ _____</p> <hr/> <p style="text-align:center;"><b>Enhanced Security Package</b></p> <p><b>Enhanced Security Pkg Monthly*</b> ( ) \$ 10.00 <i>OR</i></p> <p><b>Enhanced Security Pkg Annual*</b> ( ) \$ 0.00</p>	<p style="text-align:center;"><b>Authorization and AVS Fees</b></p> <p><b>MC Auth Fee</b> (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$ 0.200</p> <p><b>Visa Auth Fee</b> (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ 0.200</p> <p><b>Discover/JCB Auth Fee</b> (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ 0.200</p> <p><b>Amex Auth Fee</b> (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ 0.200</p> <p><b>MC/Visa /Discover/Amex Voice AVS</b> (039, 049, 069, 079, 03A, 04A, 06A) \$ 1.95</p> <p><b>MC/Visa/Discover/Amex Voice Auth Fee/VRU</b> (035, 036, 037, 045, 046, 047, 065, 066, 067, 075 076, 077) \$ 1.95</p> <p><b>AVS Fee</b> (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ _____</p> <hr/> <p style="text-align:center;"><b>Fleet Card Fees</b></p> <p style="text-align:center;"><b>Authorization Fees</b></p> <p><b>Voyager</b> (0D0, 0D1, 0DV) \$ _____</p> <p><b>WEX</b> (0D4, 0B1, 0BV) \$ _____</p> <p style="text-align:center;"><b>Other Payment Fees:</b></p> <p><b>Voyager</b></p> <p><b>Sales Discount Fee</b> (766) _____%</p> <p><b>Wright Express</b></p> <p><b>Sales Discount Fee</b> (840, 841, 842, 843) _____%</p> <p><b>Retrieval Fee</b> (29I) \$ _____</p> <p><b>Chargeback Fee</b> (29H) \$ _____</p> <p><b>Datawire Micronode</b></p> <p><b>1400 Monthly Fee (each)</b> (354) \$ _____</p>	<p style="text-align:center;"><b>Other Fees</b></p> <p><b>Early Termination Fee</b> \$ _____</p> <p><b>Annual Membership Fee</b> (294) \$ 0.00</p> <p><b>Chargeback Fee</b> (205, 725, 20L) \$ 25.00</p> <p><b>Retrieval Fee</b> (262) \$ 15.00</p> <p><b>Chargeback/ Retrieval Rcv'd Mail</b> (25F,25B) \$ _____</p> <p><b>Chargeback/ Retrieval Sent Mail</b> (25N,25J) \$ _____</p> <p><b>Batch Settlement Fee</b> (227) \$ 0.000</p> <p><b>EBT Purchase/ Return</b> (029) \$ _____</p> <p><b>Visa/ MC/ Disc Access Fee</b> (241, 197, 526) \$ _____</p> <p><b>Amex Access Fee</b> (26E) _____%</p> <p><b>Visa Auth Processing Fee (Credit)</b> (04H) \$ _____</p> <p><b>Visa Auth Processing Fee (Debit)</b> (04J) \$ _____</p> <p><b>NABU Fee</b> (60M, 0B4) \$ _____</p> <p><b>TransArmor Txn Fee</b> (12E) \$ _____</p> <p><b>ACH Reject Fee</b> (401) \$ 25.00</p> <p><b>Non Return of Equipment Fee</b> \$ _____</p> <p><b>Other:</b> \$ _____</p> <hr/> <p style="text-align:center;"><b>Payeezy Gateway– Global Gateway e4</b></p> <p><b>Payeezy Set-up Fee Per TID</b> (40B) \$ _____</p> <p><b>Payeezy Monthly Fee Per TID</b> (40A) \$ _____</p> <p><b>Payeezy Transaction Fee</b> (OFC) \$ _____</p> <hr/> <p style="text-align:center;"><b>Mobile Pay</b></p> <p><b>Wireless Comm Monthly Fee</b> (472) \$ _____</p> <p><b>Wireless Transaction Fee</b> (434) \$ _____</p>
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Interchange fees will be passed through if applicable: MC Acq. CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq. Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor-Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq. Base II Credit voucher fee credit , Debit, Svc Interreg Fee Debit, Svc Intereg, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual pmts product; Discover Int'l Proc Fee, Int'l Svc Fee, Data Usg Fee.

**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 CR (27L) of .14% or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.**

<b>Sales Credit &amp; Non-PIN Debit Transaction Fee</b> \$ 0.000 <small>(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)</small>		<b>Discount</b> <i>(Based on Gross Sales Vol.)</i>		<b>Discount</b> <i>(Based on Gross Sales Vol.)</i>		<b>Discount</b> <i>(Based on Gross Sales Vol.)</i>		<b>Discount</b> <i>(Based on Gross Sales Vol.)</i>
<b>American Express Sales Credit Transaction Fee</b> \$ 0.000 <small>(013, 014)</small>	<b>MC Qual Credit</b> (800)	0.350 %	<b>Visa Qual Credit</b> (804)	0.350 %	<b>Discover Qual Credit</b> (170)	0.350 %	<b>American Express Qual Credit</b> (164)	0.350 %
	<b>MC Qual Non Pin Debit</b> (850)	0.350 %	<b>Visa Qual Non-Pin Debit</b> (854)	0.350 %	<b>Discover Qual Non-Pin Debit</b> (964)	0.350 %	<b>American Express Program Cost</b> (3AL)	0.150 %
<b>Bundled PIN Debit</b> (191, Key 0-593) \$ _____ <b>OR</b>	<b>Unbundled PIN Debit– Txn Fee</b> (018) \$ 0.200		<b>Unbundled PIN Debit Discount Fee</b> (Key 190, 590, 593, 587, 589) _____% <i>(plus the applicable network fees)</i>				<b>Debit PIN Debit Decline Transaction Fee</b> (42R) \$ _____	

**MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 3 of 5)**

**DBA Name** Kingdom Kids Kingdom Kids Hair PalaceHair Palace

PCS2205 (ia)		(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)			PCS2205 (ia)	
	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee	
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Non-Qualified Non-Pin Debit	(864) _____ %	(154, 155) \$ _____	
MC Mid- Qualified Credit	(810) _____ %	(611, 612) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____	
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____	
MC Qualified Non-Pin Debit	(850) _____ %	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____	
MC Mid- Qualified Non Pin Debit	(870) _____ %	(140, 141) \$ _____	Discover Qualified Non-Pin Debit	(964) _____ %	(787, 788) \$ _____	
MC Non-Qualified Non-Pin Debit	(880) _____ %	(150, 151) \$ _____	Discover Mid-Qualified Non-Pin Debit	(968) _____ %	(791, 792) \$ _____	
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Non-Qualified Non-Pin Debit	(978) _____ %	(795, 796) \$ _____	
Visa Mid- Qualified Credit	(814) _____ %	(615, 616) \$ _____	American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____	
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____	
Visa Qualified Non- Pin Debit	(854) _____ %	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____	
Visa Mid Qualified Non-Pin Debit	(874) _____ %	(144, 145) \$ _____	American Express Program Cost	(3AL) <u>0.150</u> %		

**Flat Rate**

	Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit	(800) _____ %	(001, 002) \$ _____	Discover Qual Credit	(170) _____ %	(015, 016) \$ _____
MC Qual Non-Pin Debit	(850) _____ %	(130, 131) \$ _____	Discover Qual Non-Pin Debit	(964) _____ %	(787, 788) \$ _____
Visa Qual Credit	(804) _____ %	(005, 006) \$ _____	American Express Qual Credit	(164) _____ %	(013, 014) \$ _____
Visa Qual Non-Pin Debit	(854) _____ %	(134, 135) \$ _____	American Express Program Cost	(3AL) <u>0.150</u> %	

**Dues & Assessments** (273,274,234, 237,286,27L)  **Billback** Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) \_\_\_\_\_ %

**Discount Fees (Based On Gross Sales Volume)**

Accept all Mastercard, Visa and Discover Transactions (presumed, unless any selections below are checked)

**Mastercard Acceptance**  
 Accept MC Credit transactions only  Accept MC Non-PIN Debit trans only
  **Visa Acceptance**  
 Accept Visa Credit transactions only  Accept Visa Non-PIN Debit trans only
  **Discover Acceptance**  
 Accept Discover Credit transactions only  Accept Discover Non-PIN Debit trans only
  **American Express OptBlue Acceptance**  
 Accept American Express Credit transactions only
  **Discover Network- PayPal**  
 Discover network- PayPal Credit transactions Only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 18.1 of the Program Guide).

**BANKING INFORMATION**

**First/Last Contact Name at Bank:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Routing Number:** 084304337 **DDA:** 10227040

**(8) AGREEMENT APPROVAL**

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and reviewed a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the internet at: <http://www.pcs4fuel.com>. Client acknowledges and agrees that we, our affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contract at the telephone number (s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event the Client is unable to be reached, even if the number provided is a cellular or wireless number or if client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. By signing below, each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to verify the information contained in the this application and to request and obtain from any consumer reporting agency and other sources, including bank reference, personal and business consumer reports and other information and to disclose such information amongst each other for any purposes permitted by law. If the Application is approved, each of the under signed also authorizes us and our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us and our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all reference, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application. As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/ or automated electronic computer security screening, by us on our third party vendors. I further acknowledge and agree that I will not use my merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transaction in cretin jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

**Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provide herein are correct.**  
 THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.  
 Client's Business Principal: (Please sign below)

**X Signature** Christy Franklin (electronic signature obtained on 5/19/2021 at 10:24:20 AM)

**Print Name** Christy Franklin **Date:** 5/19/2021

**Title:**  Pres.  V.P.  Member L.L.C.  Owner  Partner  Other: Owner

**Signature** Ricky Franklin

**Title:**  Pres.  V.P.  Member L.L.C.  Owner  Partner  Other: \_\_\_\_\_

**(PROCESSOR): For Petroleum Card Services and Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and Mastercard International, Inc.)**  
**X Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(9) 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** (Please sign below):  
 Christy Franklin (electronic signature obtained on 5/19/2021 at 10:24:20 AM), an individual

**Signature** (Please sign below):  
 Signature Guarantor 02, an individual

*Ricky Franklin*

# MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 4 of 5)

Bank Code: \_\_\_\_\_ Merchant ID: \_\_\_\_\_ BuyPass Merchant #: \_\_\_\_\_

DBA NAME Kingdom Kids Kingdom Kids Hair PalaceHair Palace 24 (Characters)

PCS2205 (ia) BANKING INFORMATION (REQUIRED) PCS2205 (ia)

First/Last Contact Name at Bank:	Phone Number:
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ABA #: 084304337 DDA #: 10227040

### CHECKLIST INFORMATION

Sales Support ID: \_\_\_\_\_ Sales Rep. ID #: \_\_\_\_\_ Print Sales Rep. Name: \_\_\_\_\_

HIERARCHY: Bank: \_\_\_\_\_ Agent: \_\_\_\_\_  
 Corp.: \_\_\_\_\_ Chain: \_\_\_\_\_ BuyPass FIID: \_\_\_\_\_

### CLIENT VISITATION

- |  |   |   |
|--|---|---|
| <p><input type="checkbox"/> Visit Not Required (Lic. Professional)</p> <p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Shopping Area <input type="checkbox"/> Isolated<br/> <input type="checkbox"/> Office <input type="checkbox"/> Apartment <input type="checkbox"/> Home<br/> <input type="checkbox"/> Other: _____</p> <p>3. Seasonal: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Mos. in Operation: _____<br/>         Mos. Open Between _____ to _____</p> <p>4. External Facility Description (# of Levels/Floors):<br/> <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11 plus</p> <p>5. Merchant Occupies: <input type="checkbox"/> Ground Floor<br/> <input type="checkbox"/> Other: _____</p> <p>6. Remaining Floor (s) Occupied by:<br/> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</p> <p>7. Advertising Name Displayed:<br/> <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> | <p>8. Time Zone (required): _____</p> <p>9. Approx. Square Footage:<br/> <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+</p> <p>10. # of Employees: _____</p> <p>11. # of Registers: _____</p> <p>12. Return Policy:<br/> <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchge Only <input checked="" type="checkbox"/> None</p> <p>13. Do you have a refund policy for your MC/Visa /Discover® Network sales? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If yes, Check one:<br/> <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> Refund Cardholder<br/>         If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?<br/> <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14 days</p> <p>14. Proper License Visible (Liquor, Tax ID, etc.):<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> | <p>15. Your Previous Processor:<br/>         _____</p> <p>16. Your Previous Merchant #:<br/>         _____</p> <p>17. Check Reason for Changing:<br/> <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated<br/> <input type="checkbox"/> Other: _____</p> <p>18. D &amp; B #: _____</p> <p>19. Do You Have Previous Processor MC/ Visa/Discover Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Are customers required to leave a deposit?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If Yes, % of deposit required: _____ %<br/>         Time Frame for Delivery: _____ Days</p> |
|--|---|---|

Comments to Credit Officer (40 Characters): \_\_\_\_\_

### MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: (check one)  01 = Outlet  02 = Stmt to Bill To/No Recap  07 = Suppress Stmt (No Stmt)  08 = Produce Recap, No Stmt  
 09 = Bill to Address/Stmt and Recap  10 = Recap to Bill To/Stmt to Outlet

Statement Type: (check one)  Detail  Summary Statement Delivery Method: (check one)  E-Mail  Online  Print and Mail

Statement E-Mail Address: \_\_\_\_\_

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one)  
 0 = Each Transfer  1 = Debit/Credit Grouped (By Category)  2 = Net Transfer Amount Only  3 = Net Transfer EOM Fee Combined

### PROCESSING INFORMATION

- |   |  |  |
|---|--|--|
| 1. Processing mode: <input type="checkbox"/> EDC: <input type="checkbox"/> ECR  | 2. Funding will be processed DAILY via: <input type="checkbox"/> ACH <input type="checkbox"/> Bankwire | 5. Fire Safety Act: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Bank will fund: <input type="checkbox"/> Outlet <input type="checkbox"/> Head Office   | 4. # of Plates: _____ Long _____ Short<br><i>(will be shipped by ISO)</i>                              |  |
| 6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):<br><input type="checkbox"/> Outlet <input type="checkbox"/> Head Office <input type="checkbox"/> Other, give mailing information below <input type="checkbox"/> No Welcome Packet and Supplies <input type="checkbox"/> No Welcome Packet |  |  |

Name:	First/Last Contact Name:		
Address:	City:	State:	Zip:

**MERCHANT PROCESSING APPLICATION AND AGREEMENT**

(Page 5 of 5)

DBA Name Kingdom Kids Kingdom Kids Hair PalaceHair Palace

Merchant ID: \_\_\_\_\_

PCS2205 (ia)

PROCESING INFORMATION (cont'd)

PCS2205 (ia)

**7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)**

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	<b>Terminal Features: (Cont'd)</b>	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	<b>Key Disable</b>	<b>or</b>
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	<b>Password Protect</b>	
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> Amex Prepaid Program Preference	<b>Credits</b>	<input type="checkbox"/>
<input type="checkbox"/> Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<input type="checkbox"/> Partial Auth	<b>Voids</b>	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Balance Back	<b>Forces</b>	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Other _____	<b>Reviews</b>	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	<b>PINPad:</b>	<b>Bal /Settle</b>	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ (List Current Provider)	<input type="checkbox"/> Retail With Tip	<input type="checkbox"/> TDES Encryption	<b>Auth Only</b>	<input type="checkbox"/>
<input type="checkbox"/> E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> DUKPT	<b>Reports</b>	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> Access Code # _____	<b>Tip Adjustment</b>	<input type="checkbox"/>
	<input type="checkbox"/> Verify Amount Prompt			<input type="checkbox"/>

Comments: \_\_\_\_\_  
 (NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

**Mail / Telephone Order / Business to Business / Internet Information**  
 (All Questions must be Answered)

1. What % of total sales represent business to business (vs business to consumer):  
 Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = 100% (total sales)

2. What % of bankcard sales represent business to business (vs business to consumer):  
 Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = 100% (bankcard sales)

3. What is the time frame from transaction to delivery? (% of orders delivered in):  
 0-7 days \_\_\_\_\_% + 8-14 days \_\_\_\_\_% + 15-30 days \_\_\_\_\_% + over 30 days \_\_\_\_\_% = 100%

4. MC/ Visa /Discover sales are deposited (check one):  Date of order  Date of delivery  Other (specify): \_\_\_\_\_

5. Who performs product / service fulfillment?  Direct  Vendor  Other If vendor, add  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)?  Yes  No