NEW COMPANY APPLICATION

1 COMPANY INFORMATION • DBA NAME: Southern Clas	s Boutio	que									
CONTACT NAME: Kim Sutton		<u>'</u>									
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRE	SS1 (NO PO B	ox): 85. F	ennelle Lane	Suite B							
DBA ADDRESS 2:											
◆City: Dyersburg				♦ STATE TN	١	♦ZIP CODE:	380	24			
◆COUNTRY OF PRIMARY BUSINESS OPERATIONS:	USA										
◆Business Country of Formation: USA	<u> </u>					♦ DBA Phor	NE #: -	731-478-	-6190	<u> </u>	
◆BUSINESS COUNTRY OF FORMATION: USA ◆DBA PHONE #: 731-478-6199 ◆EMAIL ADDRESS: kharber1977@yahoo.com DBA FAX #:											
YEAR ESTABLISHED: 2016						Mobile Pho	NE #:	731-44	5-84	15	
◆LENGTH OF CURRENT OWNERSHIP: 3 YE/	ARS. 10	MONTHS						701 11	001	10	
CIP EXEMPTION:	, 10										
BENEFICIAL OWNER EXEMPTION:											
OTHER ADDRESS (IE DIESERENT THAN	ABOVE)					<u>.</u>					
,	SEE ALSO SI	PECIAL INST	RUCTIONS (MO	RE THAN ONE OF	TION MA	AY BE SELECTED)					
LOCATION NAME: Southern Class E	Boutique)			F	PHONE #: 731	-478-	-6199			
CONTACT: Kim Sutton					F						
Address: 85. Pennelle Lane Suite B			Сіту: Dyersbi	ırg		STATE: TN ZIP CODE: 38024					<u></u> 24
STATEMENTS/ RETRIEVALS / CHARGEBACKS											
STATEMENTS: DBA OR MAILING OR W-9 AUTO SEND: YES NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)									T UP FORM)		
RETRIEVALS: MAIL TO: DBA MAILING	OR FAX TO	: DBA	☐ MAILING <u>OR</u> E	MAIL TO:				<u>OR</u>		ONLINE CASE MANAG	EMENT (OCM)
CHARGEBACKS: MAIL TO: DBA MAILING	AND FAX TO	: DBA	☐ MAILING <u>OR</u> E	MAIL TO:				<u>OR</u>		ONLINE CASE MANAG	EMENT (OCM)
PRINCIPAL 1 INFORMATION (INCLUI								DIARY BUSIN	VESS) (ON THE ADDL OWNER	RSHIP FORM)
♦ ☐ BENEFICIAL OWNER: PERCENTAGE O				ED SIGNER	● S	OLE PROPRIETOR	!				
♦ ADDITIONAL BENEFICIAL OWNERS? NO	RESPON					IF OTHER:					
♦ FIRST NAME: Kim	2000 05	► MIDDLE			♦ LA	ST NAME: Sutto)[1				
◆ADDRESS TYPE: PRA ◆ADDRESS (NO PC) BOX): 85	1								10.4	
♦CITY: Oakland				♦ ZIP/POSTAL	CODE	CODE: 38060					
◆ DOB: 08/18/1977 PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THA	N 2 YEARS	♦US PER	RSON: Yes					▶PHONE #	#: 73	31-445-8415	
▶Home Address:			▶CITY:				▶STA	TE:		▶ZIP CODE:	
►ID TYPE: SSN		▶ID#: ∠	108373537			▶IF OTHER-	· ID Tyl	PE:			
▶IF OTHER ID #: ▶IF OTH	IER ID - COUN				▶IF C	THER GOVERNME	ENT ISS	UED - ID NA	AME:		
OTHER COMPANY INFORMATION											
◆AVERAGE SALE AMOUNT: \$ 50						CARD PRESEN	т 100%	ó	Омм	NI COMMERCE (MUST	TOTAL 100%)
♦ HIGH SALE AMOUNT: \$ 800						CARD NOT PRI		100%*	CAR	D PRESENT	<u>100</u> %
◆ Number of High Sales (above) Annually: *	· •					☐ INTERNET 100			CAR	D NOT PRESENT*	%
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIC		☐ OMNI COMMERCE INTERNET*9					%				
◆Annual Revenue:\$ 42000					•	INTERNET : PROD	UCT WI	EBSITE:			
◆Industry Type: RE											
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:	Boutique	e - Clothii	ng		'	INTERNET: "CON	TACT U	S" EMAIL:			
SPECIAL PROGRAM MCC ONLY: 5691	T OR SERVICE	:2				*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW					
When does the customer receive the product or service? If not same day,# of Days (include shipping time frame) at time of purchase ► Customer Service Phone #: 731-478-6199 ► Previous Processor:											
IF SEASONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BEL □ JANUARY □ FEBRUARY	•	MER MUST C	ONTACT CUSTOMER	SERVICE TO D	EACTIV		<i>ATE AC</i> May	COUNT)		☐ JUNE	
☐ July ☐ August		☐ SEPTEM	BER	ПОСТОВЕ	R		Nove	MBER		☐ DECEMBER	

____Initials 2 USA-MSP-ELV-0319

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)									
◆DEPOSIT BANK NAMESECURITY BANK	♦ ABA/ROUTING	#:084307790	◆ DDA ACCOUNT #: 4218353						
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:		DDA ACCOUNT #:						
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/Routing #:		DDA Account #:						
TAPE ID (OPT): 14		☐ Fast Track Funding							

CARD ACCEPTA	NCE (PI FASE	CHECK E	ACH CARD YOU WISH TO	ACCEPT.)		PRICING CATEGORY				
OARD AGGET IF	ANOL (1 LLAGE	ONLONE	AON GARD TOO WIGHT		MIN VICA	RETAIL	☐ MO/TO / INTERNET			
☐ ALL VISA/MA	STEDCARD/AM	EV/Hanoa	BAY/DISCOVED*	DISC VER MasterCar	UnionPay VISA	RESTAURANT	□ ARU			
ALL VISA/IVIA	STERCARD/AIVI	EX/UNION	PAY/DISCOVER 0			LODGING	☐ OMNI COMMERCE			
	(TIERED & EICP ONLY)									
X VISA CREDIT ☐ VISA DEBIT X MASTERCARD CREDIT ☐ MASTERCARD DEBIT X DISCOVER* ☐ UNIONPAY X AMEX										
PRICING INFORM	MATION					-	FEES			
RATES	S ARE FOR ALL CA	ARD ACCEP	TANCE TYPES SELECTED. A	ALL CARD BRAND ASSE	SSMENTS WILL BE PASSED THI	ROUGH AT COST.	APPLICATION FEE	\$		
☐TIERED☐ FIXED OR	Vis	SA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	S INSTALLATION/TRAINING	\$		
ENHANCED IC PLUS	RATE (%) + PE	R ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$) RETURN ITEM FEE/NSF (PER OCCUR)	\$25		
QUALIFIED	0 <u>.10</u> % + \$_	<u>0.0</u> 70	0 <u>.10</u> % + \$ <u>0.0</u> 70	0 <u>.10</u> % + \$ 0.0	70%+ \$	0 <u>.35</u> % + \$ 0.20	00 ACCOUNT MAINTENANCE	\$20		
MID QUALIFIED	0 <u>.20</u> %+\$_	<u>0.0</u> 70	0 <u>.20</u> % + \$ <u>0.0</u> 70	0 <u>.20</u> % + \$ 0.0	<u></u> %+\$	0 <u>.45</u> % + \$ 0.20	OO CHARGEBACK (PER OCCUR)	\$25		
NON QUALIFIED	0 <u>.20</u> %+\$_	<u>0.0</u> 70	0 <u>.20</u> % + \$ 0.070	0 <u>.20</u> %+\$0.0	<u></u> %+\$	0 <u>.45</u> % + \$ 0.2	OO ANNUAL FEE START DATE:	\$		
OTHER TIER	☐ CHECK CAR % + \$		C-req) ☐ SPRMKT (T-op	ot/EIC-NA) □ QPS.	SMALL TKT (<i>T-opt/EIC-NA</i>)	%+\$	MONTHLY MINIMUM	\$		
REWARDS TIER (T-opt / EIC-reg)	0.20 %+\$	0.070	0 <u>.20</u> %+ \$ 0.070	0.20 % + \$ 0.07		<u></u> %+\$	MONTHLY SERVICE FEE	\$5.00		
COMMERCIAL	0.20 %+ \$	0.070	OTHER:	\$0.000						
CARD TIER (T-opt /EIC-req)	0 <u>.20</u> %+\$_	0.070	0 <u>.20</u> %+\$ <u>0.0</u> 70	0.20 % + \$ 0.070		%+\$	OTHER: EQUIPMENT BII	\$10.00		
Pass Thru:	Visa	A	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES	S OTHER:	\$0.000		
OR IC PLUS	RATE (%) + PE	R ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	M (\$) RATE (%) + PER ITEM (\$	\$) RATE (%) + PER ITEM (\$) OTHER:	\$0.000		
MARKUP	%+	\$	%+ \$	%+\$	%+ \$	%+\$	STATEMENT: ELECTRONIC C)R		
DIFFERENTIAL	Visa	١	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES				
DIFFERENTIAL	RATE (%) + PE	R ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	м (\$) RATE (%) + PER ITEM (\$	\$) RATE (%) + PER ITEM (MONETARY PROGRAM:			
Qualified	%+	\$	%+ \$	%+\$	%+ \$	%+ \$	AUTH PROGRAM: 49999			
NON QUALIFIED	%+	\$	%+ \$	%+\$	%+ \$	%+ \$	EQUIPMENT: 59999			
			***	DAVEAL ACCEPTANCE AN	*Discover includes JCB, I ID RATES ARE BASED ON CARD S	OI, PAY PAL PAYMENT DEVICE	E** MISCELLANEOUS: 59999			
AUTHORIZATIONS	(DED OCCUPPEN	>E)		PATPAL ACCEPTANCE AP	ID RATES ARE BASED ON CARD S	SWIPED TRANSACTIONS ONL	SAFE T SERVICES BUNDLE			
VISA		0.000	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 1.950	ASSOC COMPLIANCE			
MASTERCARD		0.000	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED		☐ ASSOC COMPLIANCE			
DISCOVER		0.000	DIAL COMMUNICATION	\$ <u>0.000</u>	VOICE - WITH AVS	\$ 2.2	☐SAFE T GOLD	\$6.00		
AMEX	\$	0.000	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4</u>	Per month, taxes and other fees may apply, see company representation and certifications)			
PIN DEBIT							,			
MONETARY: □ P.	ASS THROUGH (IC	CDIF) 🗆 P.	ASS THROUGH (ICPLS)	SURCHARGE (FLAT RAT	E) AUTH: ☐ PASS THROU	JGH (INTERCHANGE PLUS M	ARKUP) 🗖 FIXED (FLAT RATE)			
APPLY RATE TO A	LL NETWORKS: RA	ATE (%) + PE	R ITEM (\$) % + \$	Аитн \$	PIN DEBIT MONTHLY FEE	\$				
INTERLINK	% + \$ AUT	гн \$	MAESTRO % + \$	AUTH \$	UPDBT%+ \$	AUTH \$ A	CCEL% + \$ AUTH \$ _			
AFFN % + \$	AUTH \$		ALASKA%+\$	Аитн \$	CU24% + \$	AUTH \$ N	ETS%+\$ AUTH\$	_		
NYCE % + \$	Auth \$		PULSE % + \$	А∪тн \$	SHAZAM % + \$	AUTH \$ S	TAR%+\$ AUTH\$			
OTHER CARD	Types Existi	ING								
AMEX SE#	(10 DIGITS):		PER AUTH: \$	EBT SE # (7	DIGITS):	PER AUTH: \$	☐ WEX (ADDITIONAL PAPERWORK RE	Q.)		
OTHER SE#			PER AUTH: \$	OTHER SE#:		Рер Дитн· \$	☐ VOYAGER (ADDITIONAL PAPERWORE	k REQ.)		

POINT	OF SALE (EQUIPMI	ENT OR SO	OFTWARE)											
NETWOR			OTHER		PARTY INTE	GRATOR WILL BE US	SED FOR IMPLEME	NTATION:				Сомм	IUNICATION M	ETHOD (IP D	DEFAULT): DIAL
VAR S	ERVICE PROV	/IDER (HC	STED):		VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERS	SION:		
# OF TIE	Os:		TID TYPE	(OMNI ONLY):				# OF TIDS:		TID T\	PE (OMNI C	ONLY):			
QTY	POS DESCR	IPTION		ITEM CODE	TID TYPE Omni Only	PRICE PER UNIT	MONTHLY FEI	E LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE LEASE**		EXISTIN	G EXCHANGE	
1	VX520			VX520	ONLT	\$ 0.00	\$	(WONTHS)	\$	\$		1			+
						\$	\$		\$	\$					
		\$ \$							\$	\$					1 -
						\$	\$		\$	\$					
						\$	\$		\$	\$		1			
						\$	\$		\$	\$		1			
**PLEAS	SURCHARGES CREDIT CARD SURCHARGING IS PROHIBITED IN THE FOLLOWING STATES: CO, CT, KS, MA, ME AND OK CREDIT CARD SURCHARGING RATE 3.00% (ONLY AVAILABLE FOR TETRA DESK 5000 OR TETRA MOVE TERMINALS) CREDIT SURCHARGE TO MERCHANT ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED) **PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED. SATURDAY DELIVERY NEXT DAY AIR ELAVON BILLS ONE TIME FEES														
						y in connection with, ar r, even if Elavon collec							ding any sale,	warranty or	end-user license
					DESCRIP	TION			SETUP FEE	ANNUAL	FEE		ONTHLY FE	E P	ER AUTH FEE
ADDITION SERVICE	ONAL POS							\$		\$		\$		\$	
								\$		\$		\$		\$	
												Softw	VARE/WIRE	LESS	
		Qтү	POS DESCRIPTION			ITEM CODE	TID TYPE Omni Only		ONTHLY RATE PER UNIT	ANNUAL PER UN		Mon Fee F UNI	PER S	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE
RENTAI								;	\$	\$		\$	\$	5	\$
EQUIPN	MENT:							,	\$		\$		\$		\$
								:	\$	\$		\$	\$;	\$
								,	\$	\$		\$ \$;	\$
compa refurb the us Applic	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.														
	AL (AUTO CLO			•	QUICK CL	OSE - THIS INFOR		STORE AND FO	· · · · · · · · · · · · · · · · · · ·	□ No S	SIGNATURI	<u> </u>	☐ CONTA	CTLESS (+ I	NO SIGNATURE)
☐ REST	TAURANT (QUIC	CK CLOSE	DEFAULT)	T	IP FUNCTION	ON (DEFAULT)		FINE DINING		□ТАВ	FUNCTION	١		,	
	NOT PRESEN	IT (AUTO C		- ,	QUICK CL				CK CLOSE DEFAU	•	CK STAY				
(Сиѕтом Р	PROMPTS:	ULT IN				PM TIME ZONE <u>Cen</u> 1 REST) □ CLERK PRO			,	TOM FOOTER: TIP FUNCTION W	– AITER (RTL)	TIP F	FUNCTION CASI	HIER (RTL)	
	<u>PLOYMENT TIMEFRAN</u> G (DEFAULT =		ING):	TRAINING	PHONE	INFORMATION: ACC	CESS#:	CONT	ACT NAME:			CONTA	ACT PHONE #	<i>t</i> :	
made talso re unders equipm unders damag	Trainine (DELACET - NOTIFIED).														
owed in to time.	accordance w A lease paym	vith the lea ent (wheth	ase, as applic ner paid by d	cable, by initiati lebit or other m	ng debit en eans) that is	n ("Lessor"), to auto tries to Company's s not honored by B n notice from Com	account at the fir ank for any reaso	ancial institutior n will be subject	("Bank") indicate	d hereon or suc	ch other fi	nancial	institution u	sed by Cor	mpany from time
▶BANK NAME: ▶ABA/ROUTING #: ▶DDA ACCOUNT #:															
	VENDOR CO						LEASE PLAN:								
REPO	RT Tools														
□мс	PONLY OF	3 □	MCP WITH	OCM M	ONTHLY FE	E \$	SET UP FEE \$	#	Users	SET UP TY	PE (CHE	CK ONE) MID	☐ CHN	□ ENT
☐ ACS	3	Мо	NTHLY FEE	\$	SET UP	FEE \$	Rемоте	ID							

____Initials

Substitute Form w-9											
■ SOLE PROPRIETOR □ C CORPORATION □ S CORPORATION □ PARTNERSHIP □ UNINCORPORATED ASSOCIATION □ PUBLIC CORPORATION											
☐ Tax	EXEMPT ORGANIZATION (INCLUDE DOCUMENTS	THAT SUPPORT EXEMPT S	STATUS)	☐ GOVERNMENT ☐ T	RUST ESTATE PRIN	ATE CORI	PORATION				
LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C,S OR P)											
Legal Business Name*: Southern Class Boutique											
*Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.											
LEGAL BUSINESS ADDRESS (NO PO BOX): 85. Pennelle Lane Suite B OR TIN (EMPLOYER ID #):											
CITY:	Dyersburg s	TATE: TN	ZIP: 3	38024	TIN (SOCIAL SECURITY #):	408-3	37-3537				
	COMPANY REPRESENTATIONS AND	CERTIFICATIONS									
5	Company Representations and Certifications. By signing below, the applicant Company understands that an authorization code is not a guarantee of acceptance or payment of a										
	company ("Company") and its representative(s) r ("Elavon" or "Member" as applicable), with offices	epresent and warrant to Elav	von, Inc.		thorization code does not mean th						
Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided In this companies must comply with the requirements of the Payment Card Industry Data Security Standard ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all											
provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. The TOS contains a mandatory and binding arbitration provision that											
	Company's legal rights and should be reviewed nature by an authorized representative of Company			details and conditions. Under penalties of perjury, (Company certifies that:						
transmi	ssion of a Transaction Receipt or other evidence of ny's acceptance of and agreement to the terms and	a Transaction to us, shall be			is Company Application is my c	orrect tax	payer identification number				
Agreem	ent including, without limitation, this Company App	ication, the TOS and the Op	erating	2. I am not subject to backu	ıp withholding because: (a) I am						
https://v	ncorporated herein by this reference and located a www.merchantconnect.com/CWRWeb/pdf/TOS_EN	<u>G.pdf</u>		withholding as a result of a	he Internal Revenue Service (IR failure to report all interest or di						
does no	os://www.merchantconnect.com/CWRWeb/pdf/MOC of have access to view the TOS or Operating Guide	at our website please conta		that I am no longer subject to 3. I am a U.S. citizen or other	er U.S. person.**						
	er service center to obtain a copy and review prior t standing any non-receipt of the TOS or Operating (omply	The FATCA code(s) enter correct.	ed on this form (if any) indicatin	g I am exe	empt from FATCA reporting is				
	Agreement, and all applicable laws, rules, and reg ons of the Payment Networks, and understands tha				e Program (Acceptance Program).						
termina	tion of processing services. Capitalized terms shall by Application, have the same meaning ascribed to	unless otherwise defined in	this	Application), in addition to all	ons (as indicated in the Card Accepther terms of this Agreement, Con	mpany agre	ees to the Acceptance Program				
Guide.	Ty Application, have the same meaning assumed to	anomin and 100 and opera	ung	Payment Device, Company ex	below or by accepting a Transacti pressly authorizes Elavon to subr	nit America	an Express® Transactions to,				
	TANT INFORMATION ABOUT PROCEDURES FO government fight the funding of terrorism and mor				ds from, American Express on Con contact information to American E						
requires	s all financial institutions to obtain, verify, and record who opens an account. This means we will ask for	I information that identifies e	ach		nd share such contact information to communicate with Company re						
docume	ents to allow us to identify you. Company and its re eptance of this Company Application and from time	oresentative(s) authorize us	prior to	available to Company's busine	ess. American Express's use of the consent to such use as indicate	e email add	dress and mobile phone number				
individu	al and business history and background of Compar	y, each such representative	and any	Consent to American Express	's use of contact information for su	ıch commu	nications may be withdrawn at				
other ba	ficers, partners, proprietors, and/or owners of Com ackground investigation reports on each of them tha	t we consider necessary to	review	receive messages related to it	stomer service center. Even if con- mportant information about Compa	any's accou	unt from American Express.				
	eptance and continuation of this Company Applicat or credit reporting agency to compile information to				inate Company's acceptance of A ithout affecting Company's rights a						
furnish	that information to us.				knowledges that, if at any time Co company may be enrolled in the sta						
	mpany Application may be signed in one or more of te an original and all of which, taken together, shall		each of which shall acceptance program, which may have different terms and conditions than the								
Compar	ny Application. Delivery of executed counterparts of lished by a facsimile transmission, and a signed fa-	this Company Application n	ay be terminated. Company acknowledges that American Express is an intended third-party beneficiary of								
	tion shall constitute a signed original.	simile of dopy of this comp	urry	American Express® Payment	Devices, and that American Expre						
	ning this document below you are agreeing on				n set forth in the TOS and expre						
Compa	nternal Revenue Service does not require your or ny Application, you hereby certify that to the be ation provided about the beneficial owner(s) and	st of your knowledge, the	informatio	n provided about you, the nam	e and address provided for the						
SIGNAT	TURE: X Kim Sutton	PRINTED NAME: K	im Sutt	on	TITLE: Owner/Proprie	etor	DATE: 10/21/2019				
SIGNAT	TURE: X	PRINTED NAME:			TITLE: - Select One -	•	DATE:				
	PERSONAL GUARANTY										
6	As a primary inducement to us to accept this Cor										
	guarantee the continuing full and faithful perform with Leased Equipment, if applicable) pursuant to	ince and payment by Comp	any of each	of its duties and obligations to u	s (including, without limitation, Cha	argebacks	and obligations in connection				
	oceed directly against Guarantor(s) without first exh narged or affected by the death of the Guarantors,	austing our remedies agains	t any other	person or entity responsible ther	efore to them or any security held	by us or C	ompany. This guarantee will not				
underst	and that the inducement to us to accept this Compa	ny Application is considerat	ion for the o	guaranty and that this guaranty re	emains in full force and effect even	if the Gua	rantor(s) receive no additional				
	from the guaranty. The undersigned hereby directs es, successors or assigns and agrees that all partic				relates personally to the undersig	nea upon t	ne request or Elavon or any of its				
							DATE: 10/21/2019				
SIGNAT	Kim Sutton (Oct 21, 2019) **URE: X		PRINTE	D NAME:			DATE:				
		SI	JBMITTE	OBY (SALES USE ONLY)							
	pest of my knowledge, I certify that the information p	rovided in this Company Ap		,	l is true, complete and accurate. I t	further certi	ify that the signatures were				
-	provided by the Company's owner(s) or officer(s), as appropriate. SALES REP SIGNATURE: X Morgan Withee REP ID #: 42192 DATE: 10/18/2019										
	REP SIGNATURE: X Morgan Withe HONE #:	~			NEI ID #. 42132	FLORES					
KEPP	IVINE #.	MEP EMAIL: MOR	yan e in	npactpays.com		⊏LAVON	USA-MSP-ELV-1018				

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												
DBA NAME: Southern Class Boutique												
CONTACT NAME: Kim Sutton	DBA PHONE #: 731-478-6199											
DBA ADDRESS 1 (NO PO BOX): 85. Pennelle Lane Suite B	DBA Address 2:											
CITY: Dyersburg STATE: TN	ZIP CODE: 38024											
ELECTRONIC CHECK SERVICE												
►ANNUAL CHECK VOLUME: \$ ►AVERAGE CHECK AMOUNT: \$ ►N	►MAXIMUM CHECK AMOUNT: \$ ►ECS MONTHLY MINIMUM: \$											
ECS- PAPER CHECK CONVERSION	·											
PROCESSING OPTIONS: POP (POS IMAGE) CONVERSION WITH GUARANTEE GU	uarantee Rate: % Per Transaction: \$											
☐ ARC (POS IMAGE) ☐ CONVERSION W/ VERIFICATION <u>OR</u> PER TRAI	NSACTION: \$ PER RETURN TRANSACTION: \$											
BOC CONVERSION ONLY ACH CHECK - CHECK NOT PRESENT (CNP)												
PROCESSING OPTIONS: CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP	ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$											
MDIVIDUAL ENROLLMENT (CHOOSE ONE)	PER RETURN TRANSACTION: \$											
☐ TEL/IVR – TELEPHONE INITIATED ☐ CCD – CORPORATE TO CORPORATE CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP	ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ PER RETURN TRANSACTION: \$											
OTHER ECS CHECK CONVERSION SERVICES REQUESTED												
	@ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE											
SERVICE) ACH ECHECK NSE SERVICE FEE	Max Allowed or Specified Service Fee Amount \$ (State Max is default) : Amount: \$\Bigsigma \frac{15}{2} \text{ (Default)} \text{ or } \Bigsigma \text{ Specified Service Fee Amount \$}											
	TEMPTS: 0 OR 1 OR (2 IS THE DEFAULT)											
ACH CHECK QUESTIONNAIRE												
WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY REN WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE.	· · · · · · · · · · · · · · · · · · ·											
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 PROV 4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? EXISTING NEW												
5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION?												
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOME FANFARE	R AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION (**) YES 1 NO											
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: \$	MONTHLY FEE (PER MID): \$											
☐ BASIC GIFT (INDICATE CARD ORDER BELOW) CARD ORDER & RE-ORDERS:	MONTHLY FEE (PER MID): \$											
CARD ORDER & RE-ORDERS: CARD ORDER	CARD TYPE											
CARD QUANTITY PRICE	PROMOTIONAL QUANTITY											
\$	LOYALTY QUANTITY											
STANDARD STANDARD CARDS AVAILABLE IN INCREMENTS OF 100 C	GIFT QUANTITY CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)											
ADDITIONAL OPTIONS:	USTUM CARDS AVAILABLE ONLT IN INCREMENTS OF GOOD											
Max Card Value \$ (Default \$1000)												
	PPLIED TO FEES BILLED FOR FANFARE***											
STANDARD CARD ORDER DETAILS												
CARD STYLE: TEXT COLOR: JUSTIFICATION: ☐ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED												
	ELAVON.COM OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)											
IMPRINT: ◆FONT (SELECT ONE): ☐ Arial ☐ @usek Script ☐ Times New Romai ◆Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower ca:	un ,											
7 10x1 0400 [001001 0112] 0400 [00101 0112]	Se As submitted											
	 											
	 											
	 											
	 											
FANFARE NOTES	 											
T ANFARE NOTES												
OTHER VALUE ADDED SERVICES												
DCC	Conversion Rate: % DCC Rebate: %											
DYNAMIC CURRENCY CONVERSION (DCC): Annua	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 Adde	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: Southern Class Boutique

ACCOUNT DESIGNA	TION										
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	Existing I	MID:		EXISTING CHAIN #:		LOCATION OF			
PORTFOLIO CODE:		FI:		AGENT:	AGENT: BANK: MSP SHOR			SHORT NAME: MSIMPACT	RT NAME: MSIMPACT		
CLIENT GROUP #: 17		ENTITY:	44928		REP#:	42192	1	AWB:			
Onsite Inspection: I certify that the below information is true, complete and accurate: Business located in:											
SPECIAL INSTRUCTI	IONS			<u>.</u>			-				
CREDIT UNDERWRITING I	CREDIT UNDERWRITING NOTES:										
Address Notes: Mailing Address 478-6199 Fax:		Class B	outique	- Kim Sutton 8	5. Peni	nelle Lane Suite E	3 Dyer	rsburg, TN 38024 Phone: 7	731-		

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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	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 on the Primary Identification Document above unless otherwise noted.										
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	reign, 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 matches matches address matches the address of the Primary Identification Document above unless otherwise noted.										
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										
į.	Intermediary Business Name				nediary Contact Name						
ъ.	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:				
-	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					Intermed	iary Email Addre	ess			

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