### Front Cover Sheet

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	usiness (DBA):		outh Texas A	luminum	Worx LLC		and the second s
С	ontact First Name:	Ch	ıris	Charles and agree of the contraction	Maria Maria Maria (1990) (1990		1 TO AND TO S. I. AND M. Sankers of Alberta and Company
C	ontact Last Name:		ısseli				
В	usiness Address:	10	020 Compto	n Rd.			
C	ity: Corpus Chris	ti	State:	Tx		Zip:	78418
	usiness Phone #:		57-0555				
	ep Number:	4232					Andrew Control of the
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CHECKLIS	ST (All listed documents i	must be	enclosed in appl.	ication pack	age, unless otherwis	se indicar	ted)
			,.				
Retail Fac	e-to Face Company						
Comple	ete Company Application	n – Sig	ned application	reflecting t	he current ownersh	nip.	
☐ PG (Pe	ersonal Guarantee) or E	Busines	s Financials – A	nytime a Po	G is signed, a SSN	is requi	ired.
o If	a PG is not obtained - I	Nost cu	rrent year 3rd Pa	arty (review	ed or audited) Fina	incial St	atements**. If
tin	ancials are not prepare	d by a 🤅	3 <sup>rd</sup> Party, Financ	cial Stateme	ents must be accon	npanied	with the same
ye	ars Federal Income Tax						
_					ars 3 <sup>rd</sup> Party prepa	red Fina	incial Statements.
Comple	ete Company Application	on Sale:	s Worksheet (1	page)			
	ss Verification - If the 0				one of the following	a is rea	uired The DBA
and/or Corp	oration name must match	the doc	ument used for d	ocumentary i	alidation	ià in und	unou. The port
Commonly i	Used Documents				le Acceptable Docum	nents	
"Certified"	Articles of Incorporation;				nce of the public listin		ual report of the
Signed Op	perating Agreement;			entity -	For a publicly traded	•	
Governme	nt Issued Business Licens	se;		compar			
Signed Pa	rtnership Agreement;	_			d Trust Instrument;		
Signed Lin	nited Partnership Agreem	ent;			Letter of Testamen		
Signed Lin	nited Liability Company A	greemer	u;		Letter of Executors		
. Signed Mil	licles of Organization;				d Articles of Associat		**.
A	. B	. 28 61 14			Corporate AML Appr	oved Do	cuments.
o 3 r	I Requirements for Ca nonths of CURRENT p	ra Not	Present Comp	<u>anies</u> currently n	rocessing		
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	I Requirements for Intime Additional Requirer			eant compa	No.		
	ernet Requirements	nents a	S CAID NOT FIE	sem compa	i i y		
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		and m	wiß				
	o Privacy policy	ncione !	la de maio				

#### Additional Requirements for a Non-Profit Company

o Secure Checkout page

Proof of tax exempt status (501-C3)

\*\* Business Financial Require - Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

o Domain registered to company (in US/Canada only)

Initials

## NEW COMPANY APPLICATION

n	COMPANY INFORMATION										····		
U	+DBA NAME: South Texas Aluminum Work	LLC											1
CONTACT NAME: Chris Russell													
◆DB/	◆DBA Address Type: Business ◆ DBA Address1 (No PO Box) 10020 Compton Rd.												
	Address 2:								<del></del>				
	: Corpus Christi				STATE TX	T	♦ Zip Cc	DE: 78418		<del></del>			
	INTRY OF PRIMARY BUSINESS OPERATIONS: USA						720 00					· · · · · · · · · · · · · · · · · · ·	
				- <del></del>					410°22 A				
	INESS COUNTRY OF FORMATION: USA							PHONE #: (36					
♦Ew	it Address: southtextroll@sbcglobal.net						DBA FA	x#:(361)9:	39-8973	······································	·····	· · · · · · · · · · · · · · · · · · ·	
YEAR	ESTABLISHED: 1981						MOBILE	PHONE #: <b>(36</b>	1)537-2	480			
♦ Len	GTH OF CURRENT OWNERSHIP: 39 YEARS, 2 MONTHS												
CIP E	XEMPTION:					,							
BENE	ICIAL OWNER EXEMPTION:						<del></del> -						
	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)	* • • • • • • • • • • • • • • • • • • •		***************************************		ann sa ac a						*********	
2	☐ MAILING ☐ SHIPPING ☐ SEE ALSO SPEC	CIAL INSTRU	CTIONS	(MORE	THAN ONE OF	TON M	MY BE SELE	CTED)					
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CONT	ACT:	<del></del>					FAX#:	*****					
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STAT	EMENTS/ RETRIEVALS / CHARGEBACKS	L			<del></del>						######################################	<del>7/2///////////////////////////////////</del>	
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CHAR	GEBACKS: ONLINE CASE MANAGEMENT (OCM) OR EMA	н. То:		1000 1000			***************************************	MAIL TO:				***********	
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8	◆☑ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 1			JHORIZED		1	SOLE PRO			7			
♦ADI	HTIONAL BENEFICIAL OWNERS?	LE PARTY	TITLE	: Presid	lent			IF OTHER:					
♦ Fire	T NAME: Chris	≯Miòr	DLE NAME	<b>E</b> ;		<b>♦L</b>	ST NAME	Russell					
♦ ADE	RESS TYPE: Residential +ADDRESS (NO PO BOX):	1501 W	Ridge	Blvd			···········	·				<del>" " " " " " " " " " " " " " " " " " " </del>	
♦ Cit	Corpus Christi	♦\$T&	ATE/PROV	INCE: TX	•	ZIP/Pc	STAL COL	DE: <b>78418</b>	+c	OUNTRY	USA		
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<b>+D</b> 00	cument #: 462-83-2158		ı	ISSUE DA	ATE:		<b>▶</b> Expiry 0						
	IPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDEN	TIFICATION	DOCUME	NT ABOVE	UNLESS OTI	IERWIS	SE NOTED.	□ Ai	TERNATE I	OCUME	NT INCLUDED IF NO A	DRESS M	ATCH
	ER COMPANY INFORMATION	······································			***								
	RAGE SALE AMOUNT: \$ 1,000						L CARE	PRESENT 10	0%	OM	NI COMMERCE (MUST	TOTAL 10	0%)
♦ HIGH SALE AMOUNT: \$ 9,000							☐ CARE	NOT PRESEN	IT 100%*	CAF	RD PRESENT	<u>95</u> %	ı
♦ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:							☐ INTE	RNET 100%*		CAR	NOT PRESENT*	<u>5</u> %	ı
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 30,000 ☐ OMNI COMMERCE							INTE	RNET*		%			
<b>♦Ann</b>	IUAL REVENUE: \$					- 1	INTERN	ET:PRODUCT	WEBSITE:				
♦ ÎND	♦ INDUSTRY TYPE: ► INTERNET: "CONTACT US" EMAIL:								············				
♦ DES	CRIPTION OF PRODUCT/SERVICES OFFERED: Marine Fab	rication		<del></del>									
SPEC	AL PROGRAM MCC ONLY;						CHETOL	ee Sepuire Du	ONE # AND S	REVIOUS	PROCESSOR REQUIRE	A BELOW	l
	DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? SAME DAY,# OF DAYS (INCLUDE SHIPPING TIME FRA	ME)					<b>▶</b> Custo	MER SERVICE NUS PROCESSO	PHONE#:		THE THE PERSON NEWSFILE	~ ocl∪W	
□ J∧	SONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BELOW. (CUSTOMER NUARY FEBRUARY	R MUST CON	MARCH	4	APRIL		VATE AND	REACTIVATE A	CCOUNT)	***	☐ June	·····	
ul 📋	LY August	1	SEPTE	MBER	Octobe	R		☐ Nov	MBER		☐ DECEMBER		

Initials

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TAPE ID (OPT)		Ø	DAILY DISCOUN!								
						Daniel Care	O.4				
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☐ VISA CREDIT ☐	/ISA DEBIT [] MASTE	RCARD CA	REDIT MASTERCARD DEBIT	□ Discover* □ Ui	HONPAY TI AUEX						
PRICING INFORM	The second secon							FEES			
RATES	ARE FOR ALL CARD	ACCEPT	ANCE TYPES SELECTED. ALL	CARD BRAND ASS	ESSMENTS WILL BE PASSED THR	OUGH AT COST.		APPLICATION FEE	\$		
☑ C4 PRICING	Visa	·	MASTERCARD	DISCOVER*	~~~~	AMERICAN EXPR	ESS	INSTALLATION/TRAINING	\$		
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MASTERCARD	<u>\$.€</u>		WEX	\$ 2	VOICE- OPERATOR ASSISTED	\$ <u>1.95</u>		SAFE T SILVER	. th		
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AMEX	\$ <u>-</u>	2 ]	OTHER:	<u>\$ <del>0</del> </u>	Voice Bank Referral	\$ <u>1.95</u>		Per month, taxes and other fees may apply, see company representation and certifications)			
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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 as 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)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING (DEFAULT)  TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE—THIS INFORMATION IS COVERED DURING TRAINING (DEFAULT)  TRAINING (DEFAULT = NO											\$	\$			\$	S		\$
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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 air 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.  TERRINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE – THIS INFORMATION IS COVERED DURING TRAINING)  RETAIL (AUTO CLOSE DEFAULT)					***************************************						\$	S.		\$		7 7		·
RETAIL (AUTO CLOSE DEFAULT)	refurbi 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.																
□ RESTAURANT (QUICK CLOSE DEFAULT) □ TIP FUNCTION (DEFAULT) □ FINE DINING □ TAB FUNCTION □ CARD NOT PRESENT (AUTO CLOSE DEFAULT) □ QUICK CLOSE □ LODGING (QUICK CLOSE DEFAULT) □ QUICK STAY □ TERMINAL AUTO CLOSE (RTL, MOTO) □ TIME ZONE □ CASH BACK PIN DEBIT (RTL): \$ (MAX) □ CUSTOM FOOTER: □ CUSTOM PROMPTS: (CUSTOM PROMPTS: (CUSTOM PROMPTS: (CUSTOM PROMPTS: OULD RESINT IN LONGER DEFAULT) □ NO TIP (REST) □ NO SERVER PROMPT (REST) □ CLERK PROMPT (RTL) □ REMOVE SECURITY PROMPTS (FORM REQUIRED) □ TIP FUNCTION WAITE (RTL) □ TIP FUNCTION CASHIER (RTL)  TRAINING (DEFAULT = NO □ TRAINING □ TRAININ				PINIS IDO				HIS INFORMATION					The second	Contain the				
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☐ ACS MONTHLY FEE \$ SET UP FEE \$ REMOTE ID	□ACS		Монтн	LY FEE \$_	(	SET UP F	EE\$	Ri	MOTE I	D								



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SUBSTITUTE FORM W-9										
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TAX EXEMPT ORGANIZATION (INCLUDE DOCUME				TRUST ESTATE						
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": Russell Outdoor "NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINE		Soile Peopeletope Ture Suovi	n ar ways	S RE THE OWNER'S NAME						
LEGAL BUSINESS ADDRESS (NO PO BOX): 9705		SOLE FROM TONS, THIS SHOUL	OR	TIN (EMPLOYER ID #): 20	-278210	D1				
	STATE: TX	Ze: 78418	OR	TIN (SOCIAL SECURITY#)						
Crry: Corpus Christi		219.70410	l On	137 1000012 01201111 13	WPENTACON WOMENIA		MANGROUP CARACHET			
COMPANY REPRESENTATIONS At	ID CERTIFICATIONS	To The Target Co. St. ( S. M. ) And P. ( S. M. ) And M. ( S. M. ) And M. ( S. M. )			<del></del>					
Company Representations and Certifications company ("Company") and its representative			that en ac if en autho	rithorization code is not a guara rization code does not mean li	entee of acc hat compan	eptance or payment o y will not receive a Ch	f a Jargeback			
("Elavon" or "Member" as applicable), with of Knoxville, TN 37920 (collectively, "we" or "us	fices at 7300 Chapman Highway,	for that Transaction.	maiy with t	the requirements of the Payme	ent Card Ind	ustry Data Security 5	andards			
In this company application ("Company Application") is	true and complete and properly	reflects ("PCI DSS"). Elavon re	soures Le	vel 4 companies (determined ball basis, with initial validation t	ased on Tra	ansection volume) to :	ralidate			
the business, financial condition, and principal partner the persons signing this Company Application are duly	authorized to bind Company to a	it account anomyal Am	pomoany	that has not validated PCI DS nt years on or before the anni-	S compliand	ce within ninety (90) d	ays of			
provisions of this Company Application and the Agree and its representative(s) agree that Company is aubj	ect to the terms and conditions se	I forth in charged a monthly nor	-comolian	on fee of \$59.99 until Elavon is	DEDVICED W	nin validation of PCI (I	55			
the Terms of Service ("TOS"), including when leasing review such terms. The TOS contains a mandatory	and binding arbitration provisio	n that approval and PCI DSS	may be e compliant	ligible for Data Breach Financi ce validation. See the PCI Con	npliance Pro	odustu Ovetview tot st sa coverada innowitid	ssistance			
affects Company's legal rights and should be revi The signature by an authorized representative of Com-			river Cor	nnany cartifies that:						
transmission of a Transaction Receipt or other eviden	ce of a Transaction to us, shall be	the 1. The number show I am waiting for a num	n on this (	Company Application is my o	correct taxs	payer identification r	inuper (or			
Company's acceptance of and agreement to the terms Agreement including, without limitation, this Company	Application, the TOS and the Op-	eratino 2. I am not subject to	backup v	yithholding because: (a) i am	exempt fr	om backup withhold	ing, or (b)			
Guide incorporated herein by this reference and local https://www.merchantconnect.com/CWRWeb/pdf/TOS	ENG pdf	withholding as a resu	it of a fail	Internal Revenue Service (IR ure to report all Interest or d	ividends, o	r (c) the IRS has not	ified me			
and https://www.merchentconnect.com/CWRWeb/pdf does not have access to view the TOS or Operating (	suide at our website please contain	tour 3, 1 am a U.S. citizen	or other L	ackup withholding, and i.S. person."		والمستوم بالرباغ والشا	antin- t-			
customer service center to obtain a copy and review a Notwithstanding any non-receipt of the TOS or Opera	ting Guide, Company agrees to co	imply correct.	) entered	on this form (if any) Indicatin	g i am exe	mpi nom PAICA rep	erong is			
with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in American Express® Transactions (as indicated in the Card Acceptance section of this Company										
termination of processing services. Capitalized terms Company Application, have the same meaning escrib		this Application), in addition	to all other	or terms of this Agreement, Co ow or by accepting a Transact	mpany agre	es to the Acceptance	Program xess®			
Guide.		Payment Device, Com	pany expre	essiy authorizes Elavon to subrom, American Express on Cor	mit America	n Express® Transacti	ons to,			
IMPORTANT INFORMATION ABOUT PROCEDURE help the government fight the funding of lerrorism and	I money laundering activities, Fed	eral law Elavon to provide Com	pany's cor	stact information to American E	XPIBSS, and	Company agrees the	at			
requires all financial institutions to obtain, verify, and person who opens an account. This means we will as	k for certain information and ident	lying by applicable Laws, including to communicate with Company regarding products, services, and resources								
documents to allow us to Identify you. Company and our acceptance of this Company Application and from	time to time thereafter, to investig	pale the provided above is subj	1 1 of this Company A	pplication.						
individual and business history and background of Co other officers, partners, proprietors, and/or owners of		orts or any time by contacting	drawn, Company may	क्रांग्री						
other background investigation reports on each of the the acceptance and continuation of this Company Ap	m that we consider necessary to a	eview receive messages rela								
person or credit reporting agency to compile informat furnish that information to us.	on to answer those credit inquine	s and to time, with or without cr this Agreement. Comp								
This Company Application may be signed in one or m	nore counterparts, each of which s			pany may be enrolled in the st have different terms and cond						
constitute an original and all of which, taken together, Company Application. Delivery of executed counterparts	shali constitute one and the same	Company's ecceptano	e of Americ	can Express® Payment Device tges that American Express is	s pursuant l	to this Agreement will	be			
accomplished by a facsimile transmission, and a sign	ed facsimile or copy of this Compa	any Agreement, solely with	respect to	the terms and conditions appl vices, and that American Expre	cable to Co	impany's acceptance	of			
Application shall constitute a signed original.  A PIN Debit Enablement Service Fee will be collected.	for any Interchange and Assessn	nent conditions directly soa			629 1192 RIE	HIGH TO BILLOIGE SOCIA	tetitis and			
savings generated through PIN Debit routing on your interchange Plus customers only. This monthly lee w	ill be calculated from your actual F	'IN LIADIL								
transaction volume and Acii be a percentage of your of Debit Enablement Service Fee collected and the Intel	overali PIN Debit cost savings. The rchange and Assessment savings	PIN will be								
reflected on your morphly statement.  * By signing this document below youhers agree!			rovision s	et forth in the TOS and exon	essly incon	norsted berein.				
"The internal Revenue Service does not require y Company Application, you hereby certify that to t	our consent to any provision of	i this document other than the cei	difications	t repulted to avoid backup w	Hanaldina.	In addition, by signi	ng this			
Information provides about the beneficial owners	) and/or the individual with con	trol over the above named Comp.	any is con	plete and accurate.						
SIGNATURE: X	PRINTED NAME: Chris Russell TITLE: President						ro_			
Signature: X	PRINTED NAME:		*****	TITLE:		DATE: '				
PERSONAL GUARANTY					<del></del>		erson a company			
As a primary inducement to us to accept the guarantee the continuing full and faithful per	s Company Application, the under	signed Guarantor(s), by signing the	Company	Application, jointly and several	ly, unconditi	onally and irrevocably	naction			
with I eased Fouroment If applicable) pursu	ant to the Company Application at	od Agreement, as may be amended	from time	to time, with or without notice,	Guarantons	i) understand further ti	ıaı we			
may proceed directly against Guarantor(s) without fin be discharged or affected by fredeath of the Guaran	tors will bind all beirs, administrat	ors, representatives and assigns on	d may be a	enforced by or for the benefit o	any of our	SUÇOBSSOIS, GUBIANTO	n(8)			
understand that the inducement to us to accept this connect from the guaranty. The undersigned hereby of	lirects any consumer reporting ag	ency to furnish a consumer credit re	port that re	ains in full force and effect eve lates personally to the undersi	n II ine Gua gned upon t	pe tednest of Elskou (	or any of			
its designees, successors or assigns and abreed that	eli parties involved are in complia	T	DATE: 1	34						
SIGNATURE: X	/v <i>U</i>	PARTED TORRE, OTHER TRADECT								
Signature: X		PRINTED NAME:				MAIL.				
To the best of my knowledge, I certify that the Information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were										
provided by the Company's owner(s) or officer(s), as	appropriate.	processors was provided by the CORP	- IF EI KJ 15	and, comprete this postedio. I		.,				
SALES REP SIGNATURE: X LEGGY SO	PRINTED NAME: Pe	ggy Jordan	R	EP ID #: 42321	1	DATE: 1-15-2020				
REP PHONE #: 7139072928	REP EMAIL: p.lord	an@impactpays.net			ELAVON L	ON USA-MSP-ELV-0319				

Initials

# NEW COMPANY APPLICATION - VALUE ADDED SERVICES

	or the New Company Application is of	nly required when entoxing for the value Acces (Step Decom )									
COMPANY INFORMATION DBA NAME:											
CONTACT NAME:		DBA PROM. #									
DBA ADDRESS 1 (NO PO BOX).		DBA ARCHESS 2									
CITY: Zie Code											
ELECTRONIC CHECK SERVICE											
FANNUAL CHECK VOLUME \$	PAVERAGE CHECK AMOUNT \$	MAXINUN CHECK ANGURT \$ PEGS MORTHLY MINIMUM \$									
ECS-PAPER CHECK CONVERSION PROCESSING OPTIONS:	1										
POP (POS IMAGE)	CONVERSION WITH GUARANTEE	Guarantee Rate. % Per Transaction \$									
☐ ARC (POS IMAGE) ☐ BOC	CONVERSION W/ VERIFICATION OR	PER TRANSACTION. \$ PER RETURN TRANSACTION \$   Collections									
ACH CHECK - CHECK NOT PRESENT (CNP)											
PROCESSING OPTIONS:  CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP											
INDIVIDUAL ENROLLMENT (CHOOSE ONE) PER RETURN TRANSACTION \$											
☐ WEB – INTERNET INITIATED ☐ PPD – PREARRANGED PAYMENT ☐ ACH-ECHECK CONVERSION ONLY PER TRANSACTION \$											
CONVERGE SETUPS WILL BE CONCURRENTLY EN		PER RETURN TRANSACTION \$									
OTHER ECS CHECK CONVERSION SERVICE  D PROMPTS FOR DRIVER'S LICENSE (IF NOT SEL											
INFORMATION MUST BE OBTAINED ON CHECK FOR	Citation 1	PROCESSING @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE  WOUNT:   MAX ALLOWED OR   SPECIFIED SERVICE FEE AMOUNT \$(STATE MAX IS DEFAULT)									
SERVICE)  ENQUIRE REPORTING ACCESS: # OF USERS	ACH ECHECK NSF	SERVICE FEE AMOUNT. S15 (DEFAULT) OR SPECIFIED SERVICE FEE AMOUNT \$									
PER MONTH	SPECIFY NOT RESU	BMISSION ATTEMPTS: 0 OR 01 OR (2 IS THE DEFAULT)									
ACH CHECK QUESTIONNAIRE  1. What types of payments will you accept	USING ACH-ECHECK (E.G. LITTLITY BILL PAYMENTS	. MONTHLY RENT PAYMENTS, MONTHLY BULLING FOR GENERAL BERVICES)?									
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR YES □ NO	CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY	IN ACCORDANCE WITH THE ECS OPERATING GLODE (E.G., ORALLY VIA TELEPHONE FOR TELAVA, OR IN WRITING FOR PPD)?									
3. WILL YOU VERIFY AND AUTHENTICATE THE IDEA	NTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH 1	THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME.									
WILL YOU OFFER ACH ECHECK TO EXISTING OF	A DATABASE TO VERIFY THE ACCURACY OF THE INFO OR NEW CUSTOMERS? THE EXISTING THE NEW	DRIMATION PROVIDED BY CUSTOMER)? [] YES [] NO									
WILL YOU MAINTAIN AND DISCLOSE TO YOUR C.     WILL YOU ENSURE THAT INFORMATION REGARD	LISTOMERS PROCEDURES FOR CANCELLING AN AUTH DING FACH TRANSACTION AUTHORIZATION ENTERED	HORIZATION? [] YES [] NO BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? [] YES [] NO									
FANFARE		SYNGOLOGICAL MISSION YOUNGENING REPRESENTATIVE IS ACCOUNTE MICHAY! A DUPLICATE TRANSACTION! TES   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): \$									
CARO		CARO TYPE									
CARD QUANTII	TY PRICE	PROMOTIONAL QUANTITY									
Custom  Standard	<b> \$</b>	LOYALTY QUANTITY  GIFT QUANTITY									
	(STANDARD CARDS AVAILABLE IN INCREMEN	TS OF 100, CUSTOM CARDS AVAILABLE ONLY BY INCREMENTS OF 500)									
ADDITIONAL OPTIONS:											
MAX CARD VALUE \$ (DEFAUL	T \$1000)	S MAY BE APPLIED TO FEES BILLED FOR FANFARE***									
STANDARD CARD ORDER DETAILS	OTATE AND EVENT HAND	A WAY OF BLUTCH A LAND AND AND AND AND AND AND AND AND AND									
CARD STYLE:	TE	XT COLOR:									
JUSTIFICATION: DLEFT DCENTER DRIG											
Logo (To/	AVOID DELAY, PLEASE SUBMIT ARTWORK TO: A	RTWORK@ELAVON COM OR TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)									
IMPRINT: FONT (SELEC	elect ONE): Diffile Case DUPPER CASE	s New Koman  ☐ lower case ☐ As submitted									
		<del>╎┈╎┈╎┈╎┈╎┈╎┈╎┈╎┈╎┈╎┈╎┈╎┈</del>									
FANFARE NOTES	<u></u>										
OTHER VALUE ADDED SERVICES											
DCC Conversion Rate: % DCC Rebate: %											
DYNAMIC CURRENCY CONVERSION (DCC):  DYNAMIC CURRENCY CONVERSION (DCC):  Annual DCC Registration Fee: \$  DCC Exchange Rate Source: US Bank											
HEALTHCARE: ☐ TRANSEND PAY RATE: 1.50% PAYMENT LIMIT \$ ☐ CONVERGE BILLING AND INVOICING CHARGE TYPE: 06663 MONTHLY PEP- S											
SIGNATURE (Signature below is only	SIGNATURE (Signature below is only required when enrolling for the Value Added Services listed on this page.)										
By signing below, Company warrants the truthfulness and accuracy of the information provided, agrees to pay the fees set forth herein.											
By signing below, Company warrants the tri	UTHFULNESS AND ACCURACY OF THE INFORMATI	ION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.									
		ION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.									
By SIGNING BELOW, COMPANY WARRANTS THE TRE SIGNATURE	UTHFULNESS AND ACCURACY OF THE INFORMATI NAME & TITLE	ION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.  Date									



#### SALES WORKSHEET

### DBA: South Texas Aluminum Worx LLC

AND THE CASE CONTROL OF THE CONTROL	in appropriate and section	سدمتهاه للحادث والمساهدة	والمنطق المعامل المسترادة والمسترادة المسترادة المسترادة والمسترادة والمستراد	ki olik Turillindi olong aying <mark>diga menggala</mark> yang								
NEW LOCATION ADDITIONAL LOCATION EXISTING MID: EXISTING CHAIN # LOCATION OF												
000	BAHK: 395	50	MSP SHORT	NAME MS IM	PACT							
REP#:	4233	.	AWB.									
				1								
DOCUMENT VALIDATION TYPE: ISSUING STATE/PROVINCE: ISSUING COUNTRY; USA												
ISSUED DATE		EXPIRY DA	TE.									
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DOCUMENTARY IDENTIFICATION: EVIDENCE OF LEGAL STATUS:												
1	SSUING STATE/F	PROVINCE:		ISSUING COUNTRY: USA								
ISSUED DATE	:	Expiry Da	TE:	<del></del>	·							
Onsite Inspection:												
OPPING CENTER/MAL	LL 🔲 OFFICE BU	ILDING   KK	овк 🔲 отнея	(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: Chris Russell												
321	DATE: 1-15-2020											
					· · · · · · · · · · · · · · · · · · ·							
	ISSUED DATE ISSUED DATE ISSUED DATE	REP#: 4333  REP#: 4333  ISSUING STATE/F  ISSUED DATE:  EVIDENCE OF LEG  ISSUING STATE/F  ISSUED DATE:	ISSUING STATE/PROVINCE:   ISSUED DATE:   EXPIRY DA	BANK: 3950 MSP SHORT  REP#: 4032   AWB.  ISSUING STATE/PROVINCE:  ISSUED DATE: EXPIRY DATE:  EVIDENCE OF LEGAL STATUS:  ISSUING STATE/PROVINCE:  ISSUED DATE: EXPIRY DATE:  DPPING CENTER/MALL   OFFICE BUILDING   KIOSK   OTHER	REP#: 4332   AWB.   ISSUING COUNTRY: USSUED DATE:   Expiry Date:   Expiry Date:   Expiry Date:   Issuing Country: USSUED DATE:							

A.