Front Cover Sheet

Business (DBA):	Something Special Covington		
Contact First Name:	Janie		
Contact Last Name:	West		
Business Address:	121 Court Square W		
City: Covington	State: TN	Zip: 38019	
Business Phone #:	901-475-4477		
Rep Number:	42192		

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

Complete Company Application – Signed application reflecting the current ownership.

PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.

- If a PG is not obtained Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception Furniture companies must provide 2 years 3rd Party prepared Financial Statements.

Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

"Certified" Articles of Incorporation:

- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- · Signed Limited Partnership Agreement;
- · Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity For a publicly traded
- company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- o Same Additional Requirements as Card Not Present company
- Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the company's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - Delivery methods and timing
 - Privacy policy
 - o Products/Service prices listed
 - Secure Checkout page
 - Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

Proof of tax exempt status (501-C3)

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

NEW COMPANY APPLICATION

1 COMPANY INFORMATION • DBA NAME: Something Sp	ecial Co	ovinato	n								
CONTACT NAME: Janie West	colai oc	virigio	·11								
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (No PO Box): 121 Court Square W											
	SS1 (NO PO B	ox): 121 (Jourt Square	VV							
DBA ADDRESS 2:											
◆CITY: Covington				♦ STATE TN	1	♦ ZIP CODE:	380	19			
◆COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA											
◆Business Country of Formation: USA						♦ DBA Phon	NE #: (901-475-	4477	7	
◆EMAIL ADDRESS: somethingspecialtn@	gmail.cor	n				DBA Fax #:					
YEAR ESTABLISHED: 1975						Мовісе Рно	NE #:				
♦ LENGTH OF CURRENT OWNERSHIP: 44 YEARS, 0 MONTHS											
CIP EXEMPTION:											
BENEFICIAL OWNER EXEMPTION:											
OTHER ADDRESS (IF DIFFERENT THAI	N ABOVE)					-					
MAILING SHIPPING] SEE ALSO SI	PECIAL I NSTI	RUCTIONS (MO	RE THAN ONE OP	TION MA	Y BE SELECTED)					
LOCATION NAME: Something Speci	al Covir	ngton			F	PHONE #: 901	-475	-4477			
CONTACT: Janie West					F	AX #:					
Address: 121 Court Square W			CITY: Covingt	on			STA	TE: TN		ZIP CODE: 3801	9
STATEMENTS/ RETRIEVALS / CHARGEBACKS											
STATEMENTS: DBA OR MAILING OR W-9 AUTO SEND: YES NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)											
RETRIEVALS: MAIL TO: DBA DBA MAILING OR FAX TO: DBA MAILING OR EMAIL TO: OR ONLINE CASE MANAGEMENT (OCM)								EMENT (OCM)			
CHARGEBACKS: MAIL TO: DBA DBA MAILING AND FAX TO: DBA MAILING OR EMAIL TO: OR ONLINE CASE MANAGEMENT (OCM)											
PRINCIPAL 1 INFORMATION (INCLU								DIARY BUSIN	IESS) (ON THE ADDL OWNERS	SHIP FORM)
◆ ☐ BENEFICIAL OWNER: PERCENTAGE C				ZED SIGNER	● S	SOLE PROPRIETOR					
◆ADDITIONAL BENEFICIAL OWNERS? NO	RESPON				IF OTHER:						
♦ FIRST NAME: Janie		►MIDDLE			♦ Las	ST NAME: West					
◆ADDRESS TYPE: PRA ◆ADDRESS (NO PO	DBOX): 291							1			
◆Сіту: Ripley		♦ STATE/I	PROVINCE: TN	♦ ZIP/POSTAL	CODE:	: 38063		◆ Count	ry: USA		
◆DOB: 05/04/1938		♦US PER	rson: Yes			▶PHONE #: 901-635-4470					
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAT	N 2 YEARS		▶CITY:				▶STA	TF.		▶ZIP CODE:	
►ID TYPE: SSN		ND#: E	15543809			▶IF OTHER-				, <u></u>	
	HER ID - COUN				NE O	THER GOVERNME			ME.		
OTHER COMPANY INFORMATION	IEICID GOOR		7/11/OL:		7.11 0	THER COVERNIE	-111 100	1010	UVIE.		
♦ AVERAGE SALE AMOUNT: \$ 75						CARD PRESEN	т 100%	ó	OMN	II COMMERCE (MUST T	TOTAL 100%)
♦ High Sale Amount: \$ 400						CARD NOT PRE	ESENT '	100%*	Car	D PRESENT	<u>98</u> %
◆ Number of High Sales (above) Annually: '	12					☐ INTERNET 100	%*		Car	D NOT PRESENT*	2 %
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIO	ONPAY SALES	:\$ 5000	0			OMNI COMME	RCE		INTE	RNET*	0 %
♦Annual Revenue:\$ 60000			-		•	INTERNET : PROD	UCT W	EBSITE:			
◆INDUSTRY TYPE: RE											
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:	-	INTERNET: "CON	таст U	S" EMAIL:							
SPECIAL PROGRAM MCC ONLY: 5947	*	*Customer Service Phone # and Previous Processor Required Below									
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCTION IN THE PRODUCTION OF	HIPPING TIME F	_{FRAME)} at	time of sale)	► CUSTOMER SERVICE PHONE #: 901-475-4477 ► PREVIOUS PROCESSOR:					
IF SEASONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BEL	,	MER MUST CO MARCH SEPTEM		R SERVICE TO DI APRIL OCTOBER			MAY Nove	•	_	☐ JUNE ☐ DECEMBER	

____Initials 2 USA-MSP-ELV-0319

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)									
◆DEPOSIT BANK NAMEBANK OF RIPLEY	◆ABA/Routing #:084308003	◆ DDA ACCOUNT #: 0107999							
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA Account #:							
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA Account #:							
TAPE ID (OPT): 3	☐ Fast Track Funding								

CARD ACCEPTA	ANCE (PLEASE	CHECK EA	ACH CARD YOU WISH TO	O ACCEPT.)		PRICING CATEGORY	1				
			AMERICAN	DISCOVER MasterCa	UnionPay VISA	■ RETAIL	MO/TO / INTERNET				
☐ ALL VISA/MA	STERCARD/AME	EX/Union	Pay/Discover*		tieux 4 1 3 / 1	RESTAURANT	☐ ARU				
						LODGING	☐ OMNI COMMERCE				
						SUPERMARKET	(TIERED & EICP ONLY)				
X VISA CREDIT X VISA DEBIT M MASTERCARD CREDIT M MASTERCARD DEBIT M DISCOVER* ☐ UNIONPAY M AMEX											
PRICING INFORI				 			FEES	T .			
					ESSMENTS WILL BE PASSED THE		APPLICATION FEE	\$			
☐TIERED☐ FIXED OR	Vis	Α	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES		\$			
■ ENHANCED IC PLUS	RATE (%) + PEF	R ITEM (\$)	RATE (%) + PER ITEM (\$)	. ,	.,	RATE (%) + PER ITEM	(\$) RETURN ITEM FEE/NSF (PER OCCUR)	\$25			
QUALIFIED	0 <u>.10</u> %+\$ <u>(</u>		0 <u>.10</u> % + \$ <u>0.0</u> 60	0 <u>.10</u> % + \$ <u>0.</u>	<u></u> %+\$	0 <u>.10</u> % + \$ <u>0.0</u>	60 ACCOUNT MAINTENANCE	\$20			
MID QUALIFIED	0 <u>.20</u> %+\$0	<u>0.0</u> 60	0 <u>.20</u> % + \$ <u>0.0</u> 60	0 <u>.20</u> % + \$ 0.	<u></u> %+\$	0 <u>.20</u> % + \$ 0.0	60 CHARGEBACK (PER OCCUR)	\$25			
NON QUALIFIED	0 <u>.20</u> %+\$	0. <u>0</u> 60	0 <u>.20</u> % + \$ 0.060	0 <u>.20</u> % + \$ 0.	<u></u> %+\$	0 <u>.20</u> % + \$ 0.0	ANNUAL FEE START DATE:	\$			
OTHER TIER	☐ CHECK CARD	` '	C-req) ☐ SPRMKT (T-op %+ \$	ot/EIC-NA)	S/SMALL TKT <i>(T-opt/EIC-NA)</i>	%+\$	MONTHLY MINIMUM	\$			
REWARDS TIER (T-opt / EIC-req)	0 <u>.20</u> % + \$ 0		0 <u>.20</u> % + \$ <u>0.0</u> 60			%+\$	•	\$6.00			
COMMERCIAL	AL						OTHER: Batch Header Fe	\$0.050			
CARD TIER (T-opt /EIC-req)	0 <u>.20</u> %+\$ <u>(</u>	<u>0.0</u> 00	0 <u>.20</u> %+\$ <u>0.0</u> 00	<u>0.20</u> %+\$ <u>0.0</u>	60%+\$	%+ \$	OTHER: EQUIPMENT BII	•			
Pass Thru: ☐ IC Plus	VISA		MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	SS OTHER:	\$ 0.000			
OR IC PLUS	RATE (%) + PER	R ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITI	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	· · /	\$0.000			
Markup	%+ \$	\$	%+ \$	%+\$	%+ \$	%+ \$	STATEMENT: ELECTRONIC C	R			
DIFFERENTIAL	Visa	ı	MasterCard	Discover*	UnionPay	AMERICAN EXPRES					
DIFFERENTIAL	RATE (%) + PE	R ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITI	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	\$) MONETARY PROGRAM:				
Qualified	%+ \$	\$	%+\$	%+\$	%+\$	%+\$	AUTH PROGRAM: 49160	AUTH PROGRAM: 49160			
NON QUALIFIED	%+ \$	\$	%+ \$	%+\$	%+ \$	%+ \$	EQUIPMENT: 59999				
			**	PAYPAL ACCEPTANCE A	*Discover includes JCB, D IND RATES ARE BASED ON CARD S		E** MISCELLANEOUS: 59999				
AUTHORIZATIONS	(PER OCCURRENC	E)	<u> </u>	TATT AL AGGETTANGE A	IND NATED AND DAGED ON CARD C	THE PRANCACTIONS ONE	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	\$ 1.950	☐SAFE T SILVER				
DISCOVER	\$_	0.000	DIAL COMMUNICATION	\$	VOICE - WITH AVS	\$ 2.2	☐SAFE T GOLD	\$10.00			
AMEX	\$ <u>_</u>	0.000	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4</u>	Per month, taxes and other fees may apply, see company representation and certifications)				
PIN DEBIT											
			ass Through (ICPLS)		·	,	MARKUP) FIXED (FLAT RATE)				
APPLY RATE TO A	LL N ETWORKS: RA % + \$ AUTI	` '	R ITEM (\$)% + \$ MAESTRO	AUTH \$ 6 AUTH \$	PIN DEBIT MONTHLY FEE S	· —	ACCEL %+\$ AUTH\$				
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NYCE %+\$			PULSE %+\$	AUTH \$	SHAZAM %+\$		STAR %+\$ AUTH\$	_			
OTHER CARD		NG	, οιοι <u>70</u> + ψ		ΟΙ ΙΛ <u>Ε</u> ΛΙΝΙ 70 Τ Ψ		////// γ/ΛΟΙΠΦ	_			
	(10 DIGITS):		PER AUTH: \$	EBT SE#	'7 DIGITS): F	PER AUTH: \$	☐ WEX (ADDITIONAL PAPERWORK RE	Q.)			
OTHER SE #: PER AUTH: \$ OTHE						PER AUTH: \$	☐ VOYAGER (ADDITIONAL PAPERWORI				

3

POINT OF SA	ALE (E	QUIPMI	ENT OR S O	FTWARE)												
NETWORK:	E LAVOI	N \square	OTHER	A THIRD	Party Inte	EGRATOR WILL BE US	ED FOR IMPLEME	NTATION:					Сомм	MUNICATION M	ETHOD (IP E	DEFAULT): DIAL
VAR SERVICE	Provi	DER (HC	STED):		VAR	(DISTRIBUTED):	VENDOR:			PRODUCT:			VER	SION:		
# OF TIDS:			TID TYPE	(OMNI ONLY):	I			# OF TI	Ds:		TID TY	PE (OMNI (ONLY):			
QTY POS [DESCRI	PTION		ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEI	E TE	ASE** RM ONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCH		LEASE**	EXISTIN	G EXCHANGE
1 VX5	20			VX520	ONET	\$ 0.00	\$	(101	3141110)	\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
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 3500, 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)																
						W. INITIALS ARE REQ										
SATURDAY Elavon and Member	er have n	no responsi	☐ NEXT	all have no liabili	ty to Compan	DAY AIR ny in connection with, an	y hardware or softwa	are, or any	related serv	TIME FEES vices, Company re	ceives under a din	ect agreem	ent (inclu	uding any sale	warranty or	end-user license
agreement) betwee	en Comp	any and a	third party, inclu	iding any Value A	DESCRIP	er, even if Elavon collect	ts fees or other amou	unts from (th respect to such	hardware, software			ONTHLY FE	E P	ER AUTH FEE
ADDITIONAL P	os								\$		\$		\$		\$	
SERVICES:									\$		\$		\$ \$			
	Software/Wireless															
		Qтү	POS DESCRIPTION			ITEM CODE	TID TYPE Omni Only	Ē	MONTHLY RATE PER UNIT		Annual PER UN		Mon Fee UN	PER S	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE
RENTAL									\$		\$		\$	4	5	\$
EQUIPMENT:									\$		\$ \$		\$	\$		\$
									\$		\$		\$	\$ \$		\$
									\$		\$		\$	4	5	\$
compared to refurbished the use of re	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.															
☐ RETAIL (AUT			•		Quick C				AND FOR		□ No S	SIGNATUR	E	☐ CONTA	CTLESS (+ I	NO SIGNATURE)
RESTAURANT						ON (DEFAULT)		FINE				FUNCTION	١			
Custom Prome		(AUTO C		•	QUICK CI ., MOTO)		☐ CASH BACK PIN D		•	AX) CLOSE DEFAU	LT) QUI	CK STAY				
(CUSTOM PROMPTS CO LONGER DEPLOYMENT	OULD RESULTIMEFRAME	Es)				(Rest) CLERK PRO		E SECURIT		•	☐ TIP FUNCTION W	AITER (RTL				
TRAINING (DEFA	NULT = N	NO TRAIN	ING):	RAINING	PHONE	INFORMATION: ACC	ESS#:		CONTAC	T NAME:			CONTA	ACT PHONE :	# :	
XI understand that I am entering into a																
Company hereb owed in accorda to time. A lease	ance wi payme	th the lea nt (wheth	ase, as applica ner paid by de	able, by initiati ebit or other me	ng debit en eans) that i	on ("Lessor"), to auto ntries to Company's is not honored by Ba en notice from Comp	account at the fir ank for any reason	nancial ir n will be	stitution ("	Bank") indicate	d hereon or suc	ch other f	inancial	l institution ι	ised by Coi	mpany from time
►BANK NAME:						▶ABA/Routin	IG #:				▶DDA A	Ассоиит	#:			
LADCO VENDO	R COD	E:					LEASE PLAN:									
REPORT TO	REPORT TOOLS															
MCP ONLY	OR	•	MCP WITH C		ONTHLY FE		SET UP FEE \$		# Us	SERS	SET UP TY	YPE (CHE	CK ON	E) MID	☐ CHN	☐ ENT
☐ ACS		Мо	NTHLY FEE	<u> </u>	SET U	P FEE \$	REMOTE	ID								

____Initials

SUBSTITUTE FORM W-9											
Sole Proprietor C Corporation S Corporation Unincorporated association Public Corporation											
☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ GOVERNMENT ☐ TRUST ☐ ESTATE ☐ PRIVATE CORPORATION											
☐ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C,S or P)											
Legal Business Name*: Something Special											
*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): 121 Co	<u> </u>				OR TIN (EMPLOYER ID #):						
CITY: Covington S1	ATE: TN	ZIP: 3	38019		TIN (SOCIAL SECURITY #):	515-5	4-3809				
COMPANY REPRESENTATIONS AND	ERTIFICATIONS										
Company Representations and Certifications. By company ("Company") and its representative(s) re ("Elavon" or "Member" as applicable), with offices	present and warrant to Eladata 7300 Chapman Highway	von, Inc. /,			authorization code is not a guarant orization code does not mean that						
In this company application ("Company Application") is true and complete and properly reflects 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 affects Company's legal rights and should be reviewed prior to signing this document."											
The signature by an authorized representative of Company transmission of a Transaction Receipt or other evidence of			Under penalties of per		ompany certifies that: Company Application is my co	rrect taxr	paver identification number				
Company's acceptance of and agreement to the terms and Agreement including, without limitation, this Company Appli	conditions contained in the		(or I am waiting for a r	number t	to be issued to me), and withholding because: (a) I am e		-				
Guide incorporated herein by this reference and located at https://www.merchantconnect.com/CWRWeb/pdf/TOS_EN	our website at	ording	I have not been notifie	ed by the	e Internal Revenue Service (IRS) ilure to report all interest or divi) that I an	subject to backup				
and https://www.merchantconnect.com/CWRWeb/pdf/MOG does not have access to view the TOS or Operating Guide	Eng.pdf, respectively. If C			bject to	backup withholding, and		()				
customer service center to obtain a copy and review prior to	signing this document.				on this form (if any) indicating	I am exe	mpt from FATCA reporting is				
Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply 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 shall, Company Application, have the same meaning ascribed to	unless otherwise defined in	this	Application), in addition	to all oth	ner terms of this Agreement, Comp	pany agre	es to the Acceptance Program				
Guide.	·		Payment Device, Comp	any expr	elow or by accepting a Transaction ressly authorizes Elavon to submit	t America	n Express® Transactions to,				
IMPORTANT INFORMATION ABOUT PROCEDURES FOR help the government fight the funding of terrorism and mon-	y laundering activities, Fed	deral law	Elavon to provide Comp	oany's co	from, American Express on Compontact information to American Exp	press, and	Company agrees that				
requires all financial institutions to obtain, verify, and record person who opens an account. This means we will ask for o			by applicable Laws, inc	luding to	share such contact information fo communicate with Company rega	arding pro	ducts, services, and resources				
documents to allow us to identify you. Company and its report our acceptance of this Company Application and from time	o time thereafter, to investi	gate the	provided above is subje	ct to the	s. American Express's use of the consent to such use as indicated	in Section	n 1 of this Company Application.				
individual and business history and background of Compan other officers, partners, proprietors, and/or owners of Comp	any, and to obtain credit rep	ports or	any time by contacting	our custo	use of contact information for such omer service center. Even if conse	ent is with	drawn, Company may still				
other background investigation reports on each of them tha the acceptance and continuation of this Company Application	 n. Company also authorize 	es any	Company or Elavon ma	y termina	portant information about Compan ate Company's acceptance of Am	erican Ex	press® Payment Devices at any				
person or credit reporting agency to compile information to furnish that information to us.	inswer those credit inquirie	s and to	this Agreement. Compa	any ackn	out affecting Company's rights and nowledges that, if at any time Com	pany is no	o longer qualified to participate				
This Company Application may be signed in one or more co			in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program,								
constitute an original and all of which, taken together, shall Company Application. Delivery of executed counterparts of	his Company Application n	nay be	terminated. Company a	intended	to this Agreement will be I third-party beneficiary of this						
accomplished by a facsimile transmission, and a signed fac Application shall constitute a signed original.	simile or copy of this Comp	any			to the terms and conditions applica evices, and that American Express						
* By signing this document below you are agreeing on	ehalf of the Company to	a mandato	conditions directly again bry binding arbitration pro			sly incorp	porated herein.				
**The Internal Revenue Service does not require your c Company Application, you hereby certify that to the be- information provided about the beneficial owner(s) and	t of your knowledge, the	informatio	n provided about you, th	e name a	and address provided for the leg						
SIGNATURE: X)	PRINTED NAME: J	anie W	est		TITLE: Owner/Propriet	tor	(DATE:)				
SIGNATURE: X	PRINTED NAME:				TITLE: - Select One -		DATE:				
6 Personal Guaranty											
As a primary inducement to us to accept this Com											
with Leased Equipment, if applicable) pursuant to may proceed directly against Guarantor(s) without first exha	the Company Application a	and Agreem	ent, as may be amended f	rom time	to time, with or without notice. Gu	Jarantor(s) understand further that we				
be discharged or affected by the death of the Guarantors, w understand that the inducement to us to accept this Compa	II bind all heirs, administrat	tors, repres	entatives and assigns and	may be e	enforced by or for the benefit of ar	ny of our s	successors. Guarantor(s)				
benefit from the guaranty. The undersigned hereby directs designees, successors or assigns and agrees that all partie	any consumer reporting ag	ency to furn	nish a consumer credit repo								
SIGNATURE: X	s involved are in complianc		D NAME: Janie We	st			(DATE:)				
SIGNATURE: X		PRINTE	D NAME:				DATE:				
	SI	JBMIT <u>TE</u> I	D BY (SALES USE ONLY))							
To the best of my knowledge, I certify that the information p	ovided in this Company Ap		, ,		s true, complete and accurate. I fur	rther certi	fy that the signatures were				
provided by the Company's owner(s) or officer(s), as approximately SALES REP SIGNATURE: X	PRINTED NAME: N	Morgan	Withee	F	REP ID #: 42192		DATE: 09/24/2019				
REP PHONE #:			npactpays.com			FLAVON I	JSA-MSP-ELV-1018				
I INC. I HONE T.	1 1751 FINIAID 11101	ua⊓⊯III	npacipay5.0011			-LAVON (JO, 1 10101 LEV 1010				

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.)

DIRA PINCE SOmething Special Covingtion Convert New State West DRA Accessos 1 (No Pro Book) 121 Court Square W DRA Accessos 1 (No Pro Book) 121 Court Square W DRA Accessos 2 DRA Accessos 1 (No Pro Book) 121 Court Square W DRA Accessos 2 DRA Accessos 3 (No Pro Book) 121 Court Square W DRA Accessos 3 (No Pro Book) 121 Court Square W DRA Accessos 3 (No Pro Book) 121 Court Square W DRA Accessos 4 (No Pro Book) 121 Court Square W DRA Accessos 4 (No Pro Book) 121 Court Square W DRA Accessos 4 (No Pro Book) 121 Court Square W DRA Accessos 4 (No Pro Book) 122 Court	COMPANY INFORMATION												
DORA FROMES TO PROBE ! ELECTRONIC CANDIDATE DORA FROMES TO PROBE TEXT TO DORA FROMES TO PROBE DORA FROMES TO PROBLEM TO PRO													
DIAL ACCIDENT SQUARE W DIAL ACCIDENT SQUARE W DIAL CONFIGURATION STATE TN DIAL CONFIGURATION STATE TO THE S	<u> </u>	DRA PHONE #* 901-475-4477											
Conv. Ching Conv. Check Service		<u> </u>											
ELECTRONIC CHECK SERVICE AUTHOR DIECE AND PRESENTED AUTHOR DIECE AND P.		00040											
MONOMER CONCESSOR MONOMER CONTROLL MONOMER CON		ZIP CODE: GOOTS											
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BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.													
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SIGNATURE NAME & TITLE DATE	BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDE	D, AGREES TO PAY THE FEES SET FORTH HEREIN.											
	SIGNATURE NAME & TITLE	DATE											

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SALES WORKSHEET

DBA: Something Special Covington

ACCOUNT DESIGNATION											
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	EXISTING I	MID:		EXISTING CHAIN #:		LOCATION 1 OF 1			
PORTFOLIO CODE:		FI:		AGENT:	BANK:	MSP SH	ORT NAME: MSIMPACT				
CLIENT GROUP #: 17		ENTITY:	44928		REP#: 4	12192	AV	WB:			
ONSITE INSPECTION: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN: SEPARATE BUILDING PRIVATE RESIDENCE SHOPPING CENTER/MALL OFFICE BUILDING KIOSK OTHER (DESCRIBE): I HAVE PHYSICALLY BEEN ON SITE MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS PERSON MET WITH:											
PRINTED NAME: MOTG	an Withee			REP#: 42192			DATE:	09/24/2019			
SPECIAL INSTRUCTI	ONS			-			_				
CREDIT UNDERWRITING NOTES:											
ADDRESS NOTES: Mailing Address: Something Special Covington - Janie West 121 Court Square W Covington, TN 38019 Phone: 901-475-4477 Fax: Notes:											

___Initials 7 USA-MSP-ELV-0319

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

	Percentage of Ownership	☐ Beneficia	l Owner:	☐ Authorize	ed Signer	☐ PG Only [Intermediar	y Business	Responsible Party			
	First Name:		Middle N	ame:		Last Name:						
	DOB:	ID Type:	Type: ID#:			f Foreign, Country of Issuance:						
	If ID Type "Other"											
n 5 cer)	Other ID Type:		Other	· ID#:		If Gov't Issue	d – ID Name:					
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Il Information 5 Partner/Officer)	Principal address matches the address otherwise noted.	ress on the P	rimary Ide	unless Secondary ID included if no address ma								
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Principal (Owner/Pa	City:			S	State/Province	e :		Zip/Postal C	Code:			
<u> </u>	Country(s) of citizenship:											
	Intermediary Business Information											
	Intermediary Business Name				Interme	Intermediary Contact Name						
	Intermediary Phone Number				Interme	Intermediary Email Address						