

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (In Section II, Driver's License required -- use other ID only if no Driver's License issued.)

Section I: Business Form of Identification		Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:	
		Business Name:					
Govt Issued Business License	<input checked="" type="checkbox"/>	Date and Place of Issuance:		Drivers License:	066141098	Name:	Greg Hathaway
Tax Return				State ID:		Date of Birth:	Jan 10, 1969
Corporate Resolution		ID/Tax ID Number:	413150142	Passport:		DL/ID#:	066141098
Entity Agencies				Military ID:		Date of Issuance:	
Business financial Statement		Expiration Date:		Mexican Consulate ID:		State of Issuance:	TN
Partnership Agreement						Expiration:	Jan 09, 2027
		Type Fin'l St		Resident Alien ID:		Address:	5225 Hwy 57

Section III

On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s))

Address of location inspected: DBA Address Legal Address URL listed in eCommerce addendum Other Address:

Does name posted at business match name on application Yes No Does inventory volume appear to be sufficient? Yes No
 Does location have appropriate business signage Yes No Are store hours posted? Yes No Number of employees/td>
 Did you view merchant's inventory? Yes No Get Samples? Yes No Did you get interior/exterior photos? Yes No
 Was inventory consistent with merchant's type of business? Yes No Comments:

* Signature of Sales Representative: Date:

* By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable.

Principal's Name	Title	Date of Birth	Ownership % / Years	% of Time Spent in Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebanocard.com)	Residential Address (City, State, Zip)	Residential Phone #
Greg Hathaway	Owner		100/25 yrs		****0142	5225 Hwy 57, Rossville, TN, 38066	901-572-0893

Bank Information:

Name of Financial Institution	Account number	Routing #	Phone #	Contact	Date Opened
The Bank of Fayette County	***1875	084304337			

***AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK

Please select one for ACH account type listed above: Checking account Savings account Bank GL account

Trade Name	Account #	Product Sold	Phone # (No 800 #s)

Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:

Card Types Accepted:	<input checked="" type="checkbox"/> All Visa/MasterCard/Discover Cards	MasterCard Credit Cards and Business cards only
	All Discover Cards	Visa Credit Cards and Business Cards only
	JCB**	MasterCard Debit cards only
	American Express **	Visa Debit cards only
	Diners/Carte Blanche**	PIN Based Debit/EBT Cards**

Projected total annual sales \$ _____	Electronic card-swiped transactions	98 _____%	Projected average Visa/MC/DISC/Amex ticket size 12.00
Projected Visa/MC/DISC/Amex Sales Monthly \$1000.00 Annual \$ _____	Electronic key-entered (with imprints)	None _____%	
	Electronic card not present (w/out imprints)	2 _____%	Do you use a 3rd party fulfillment? No Yes If "yes"
	OR		
Projected Visa/MC/DISC/Amex High Ticket \$150.00 _____	Touch-tone card not present (with imprints)	_____%	Contact name and phone number: Name: _____ Phone: _____
	Touch-tone card not present (no imprints)	_____%	
	Mail/Telephone Order (card not present)	2 _____%	
	eCommerce (card not present)	None _____%	
NOTE: TOTAL (must equal 100%)			

If processing via mail, phone or Internet: supply copy of print advertising, catalogs and brochures. If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL(Internet).

Do you authorize carrier to deliver w/o getting signature? No Yes

How do you advertise? Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail Other _____

Have you ever accepted credit cards before? Yes No If Yes: Processor Name _____ (Please provide the most recent 3 months of processing statements. If you are a MO/TO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months \$ _____ 6 months \$ _____

of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

No _____

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data: _____

Merchant Owns Leases Location(s)?	How long at current locations(s)?:
Name/address of mortgage holder/landlord:	
Other significant Merchant Contacts with third parties:	

American Express

Existing Accounts:
If you currently accept AXP payments, and your AXP volume is less than \$1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: _____

If you currently accept AXP payments in excess of \$1MM annually, please provide your existing AXP#, so we can convey this to AXP on your behalf.

New Accounts:
If you do not currently accept AXP # payments, and your annual volume is less than \$1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. AXP SE #: _____

If you do not currently have an AXP #, and your annual volume is more than \$1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than \$1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, NCR as processor, and not Merchant Bank, will settle American Express.

** Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

FEE SCHEDULE

Model		Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned	Price
Terminal								\$
Terminal								\$
Printer								\$
PIN Pad								\$
Imprinter			Purchase Only					\$
Other	SOFTWARE							\$

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to: Merchant Agent Other

Ship Equipment to: DBA Legal Agent Other

Send Welcome Kit to: DBA Legal Agent N/A

Merchant training provided by: Processor Agent Other

Discount Rates			Interchange Pass Through Discount Rate _____ % Per Item \$ _____			Association Dues & Assessments Pass Through		
Rate 1	%	Per Item \$	Rate 2	%	Per Item \$	Rate 3	%	Per Item \$
Visa Qual Credit		0.59	Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit		0.59	Master Mid-Card Qual Credit			Master Non-Card Qual Credit		
Discover Network - PayPal Qual Credit		0.59	Discover Network - PayPal Mid-Qual Credit			Discover Network - PayPal Non-Qual Credit		
American Express Qual Credit		0.59	American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit		0.59	Visa Mid-Qual Debit			Visa Non-Qual Debit		
Master Card Qual Debit		0.59	Master Card Mid-Qual Debit			Master Card Non-Qual Debit		
Discover Network - PayPal Qual Debit		0.59	Discover Network - PayPal Mid-Qual Debit			Discover Network - PayPal Non-Qual Debit		
Pin Debit			EBT			Star		\$1 per month

Visa Rewards (Discount Rate \$ _____ Per Item 0.59)	MC World Card (Discount Rate \$ _____ Per Item 0.59)
Amex Rewards (Discount Rate \$ _____ Per Item 0.59)	Discover Rewards (Discount Rate \$ _____ Per Item 0.59)

JCB Card % _____ Diners Carte Blanche % _____ American Express Discount rate % _____ OR _____

Monthly Flat Fee: \$ _____ Monthly Gross Pay _____ Daily Gross Pay _____ Retail \$ _____ Trans Fee + _____ % OR _____

Est. Annual Amex Volume: \$ _____ None _____ Est. Average Amex Ticket: \$ _____ None _____

AMEX Pay Frequency 3 day 15 day 30 day Amex Fees disclosed in this section are billed by American Express

Monthly Statement Fee \$ ^{14.95} _____ Application/Setup Fee \$ ^{None} _____ ACH Reject/Change Fee \$ ^{25.00} _____ Online Merchant Portal \$ ^{None} _____ monthly

Chargeback/Retrieval Fee \$ ^{25.00/15.00} each Monthly Minimum: \$ ^{None} _____ Voice Auth/ARU Fee \$ ^{1.95} _____ ACH Fee \$ ^{None} _____ each

ACH Debit \$1.00 Upon Account Approval AVS Fee \$ ^{None} each CVV2 Fee \$ ^{None} each Tokenization Fee \$ ^{None} each Annual Fee \$ ^{None} _____

** Administrative Maintenance Fee \$ ^{None} monthly ** PCI Non Compliance Fee \$ ^{None} monthly ** Gateway Fee \$ ^{None} monthly

** Other \$ _____ per _____ Description _____ ** Other \$ _____ per _____ Description _____

Early Termination Fee: \$ ^{None} _____ ** PCI monthly Fee \$ ^{5.00} _____

Authorization Fees: \$ ^{None} American Express \$ ^{None} MasterCard \$ ^{None} Visa \$ ^{None} Discover \$ _____

See Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. Secure Bancard's privacy policy can be found at <http://www.securebancard.com/Privacy%20Policy.pdf>**

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Jun. 02, 2021

Merchant Legal Name: Greg Hathaway Merchant Federal Tax ID (as it appears on income tax return): 413150142 Merchant State of formation/Incorporation: TN
 TN Merchant Address: 5225 Hwy 57, Rossville, TN, 38066 Merchant Entity Type: Sole Proprietor

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title	% of Legal Entity Ownership
Greg Hathaway	Owner	100 %
Individual's Home (Street) Address (No P.O. Box) 5225 Hwy 57	City, State, Zip Rossville, TN, 38066	Date of birth Jan. 10, 1969
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): ****0142	Control Prong? <input checked="" type="checkbox"/>
Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ±	State/Country of Issuance TN	Date Issued May 18, 2020
	Expiration Date Jan. 9, 2027	Number on ID: 066141098
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong?
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ±	State/Country of Issuance None	Date Issued None
	Expiration Date None	Number on ID:
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong?
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ±	State/Country of Issuance None	Date Issued None
	Expiration Date None	Number on ID:
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong?
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ±	State/Country of Issuance None	Date Issued None
	Expiration Date None	Number on ID:
Control Prong (and/or additional Beneficial Owner) Legal Name Greg Hathaway	Title Owner	% of Legal Entity Ownership 100 %
Individual's Home (Street) Address (No P.O. Box) 5225 Hwy 57	City, State, Zip Rossville, TN, 38066	Date of birth Jan. 10, 1969
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): ****0142	Control Prong? <input checked="" type="checkbox"/>
Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ±	State/Country of Issuance TN	Date Issued May 18, 2020
	Expiration Date Jan. 9, 2027	Number on ID: 066141098

*For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance. ± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Jun. 02, 2021 Greg Hathaway Gregory Hathaway
 Date Signed Processor's Rep. Printed Name Authorized Signer Signature Date Signed Authorized Signer Printed Name Processor's Rep. Signature

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank
Acquirer Address: 1125 First Avenue, Columbus, GA 31901
Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsibilities:

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signatory) to the Merchant Agreement.
3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
4. The Visa Member is responsible for all funds held in reserve that are derived from settlement.
5. The Visa Member is responsible for educating Merchants on any Visa International Operating Regulations with which Merchants must comply during the course of operation.

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Visa International Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature


Merchant's Signature

Jun. 02, 2021

Date

Greg Hathaway

Merchant's Printed Name

Owner

Title