Secure Bancard, LLC 1500 Abbey Court | Alpharetta, GA 30004 1-855-271-1500

APPLICATION FOR MERCHANT AGREEMENT

SYNOVUS BANK (Merchant Bank) 1125 First Avenue, Columbus, GA 31901 706-649-4900

Processor's Sales Rep Name: Impact Vaulted CP

| Business Information | | | | | |
|---|------------------------------|-----------------------|--------------------------------|--|--|
| METAL CARPORT SALES LLC | | | | METAL CARPORT SALES LL | С |
| Merchant Legal Business Name | | | | DBA Name | |
| 3601 NW EVANGELINE THWY | | | | 2559 MOELING ST | |
| Mailing Address | | | | DBA Address (Physical, No PO | Boxes) |
| CARENCRO | Louisiana | 70520 | | LAKE CHARLES | Louisiana 70601 |
| City | State | Zip | | City | State Zip |
| 8888231512 | | | | 9859663831 | |
| Legal Phone # | Legal Fax # | | | DBA Phone # | DBA Fax # |
| 462951944 | | | usiness New owner Sea | sonal? Yes No List months | |
| Federal Tax ID # (Must be 9 digits) | Length O | wned | Business License | Date Opened: 01 c | oct 2012 |
| Merchant State registration | | E-mail Address: w | HITEHUEY9@GMAIL.COM | Veb site Address: | |
| | | | | veb site Address. | |
| Any prior No | Yes If yes: | Personal Busin | less If yes, how long | | |
| Type of Sole Prop | orietorship 🗏 LI | LC Partnership | Ltd Partnership Corp, ch | eck one: Public Private Non | Other |
| Duainaga Tura | | | | | |
| Business Type | | | | | |
| Retail Restaurant Lodgin | g Service | Internet% M | ail% | % Bus-to-Bus% | |
| Description of Business | | | | | |
| METAL CARPORTS AND STORAG | GE BUILDINGS | cts/services; card ch | arging policies; delivery metl | nods; whether own/finance inventory- Phone # | 9859663831 |
| | | | | | |
| | | | | | |
| Refund/Return Policy | | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |
| No refund Refund in 30 days | s or less 🔲 Mer | rchandise | Other: | | |
| • | | rchandise | Other: | | |
| No refund Refund in 30 days | | rchandise | Other: | | |
| American Express Disclosur The "NCR" party listed throughout | re | | | or American Express, or will convey A | merican Exper ss sales on your behalf: |
| American Express Disclosur | e this Application | | | or American Express, or will convey A | merican Exper ss sales on your behalf: |
| American Express Disclosur The "NCR" party listed throughout NCR Payment Solutions, LLC | e this Application | | | or American Express, or will convey A | |
| American Express Disclosur The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 303 | e this Application | | | or American Express, or will convey A | merican Exper ss sales on your behalf: |
| The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 30: DocuSigned by: | e this Application | | | | |

PATRIOT ACT / Site Survey

| м | e | rc | h | aı | ní | ı | n | it |
|-----|---|-----|-----|----|----|----|-----|-----|
| ••• | • | . ~ | ••• | • | | ٠. | ••• | • • |

— DS HW

| /lerchant | initials | H \ |
|-----------|----------|-----|
| | | |

| obtain verify a | nd record information me, physical address r identifying documen | that iden | ntifies each n | erson (includ | ina hüsiness | entities) v | who opens ar | า ลดดดับ | int What this | means | for vou: When vo | ou open ar | ial institutions to a account, we will your driver's ued.) |
|---------------------------------|---|-----------------------|--------------------------------|----------------------------|-----------------------------------|--------------------------|--|--|--------------------------|------------------|---|----------------------|---|
| Business | Section 1: Form of Identificat | on | | Applicat | | | Ind | Section Sectio | Form of | | Ite | Applical ems Revi | |
| | | | Business N | ame: | | | | | | | | | |
| Govt Issued Bu | ısiness License | | Date and P | lace of | | D | rivers License | e: | 002943272 | | Name: | Н | UEY WHITE |
| Tax Return | | | | | | S | tate ID: | | | | Date of Birth: | 24 | 1 jun 1957 |
| Corporate Reso | olution | | ID/Tax ID N | lumber: 46 | 62951944 | | assport: | | | | DL/ID#: | | 02943272 |
| Entity Agencies | | | | | | | lilitary ID: | uloto | | | Date of Issuar | | |
| Business financ | cial Statement | | Expiration [| Date: | | IC | lexican Consi): | uiale | | | State of Issuar | nce: N | one |
| Partnership Ag | reement | | | | | | | | | | Expiration: | | ın 24, 2023 |
| Section III | Type Fin'l S't Resident Alien ID: Address: 114 DELMAR LN | | | | | | | | | | | | |
| On site visit | done by Sales Rep | | В | usiness Con | sistent with A | Application | n (including a | ny e-Co | ommerce add | lendums | s(s)) | | |
| Address of lo | ocation inspected: | | DBA Address | Lega | l Address | URL | listed in eCo | mmerc | e addendum | | Other Addres | SS: | |
| Does name nos | sted at business mate | ch name | on application | n Yes I | Nο | Doe | s inventory v | olume a | appear to be | sufficien | t? Yes No | | |
| | nave appropriate busi | | | | | | | | | | er of employees: | :/td> | |
| | erchant's inventory? | | | Samples? | Yes No | Did yo | u get Interior | /exterio | or photos? | Yes 🗌 | No | | |
| Was inventory | consistent with merch | nant's typ | e of busines | s? Yes | | | Commen | ts: | | | | | |
| * Signature of S | Sales Representative | | | | | | Date: | | | | | | |
| * By signing ab address and (in | ove you hereby ackn the case of informat | owledge ion listed | that the infor below in the | mation listed e-Commerc | herein is true e addendum(| e and acc (s)) indica | urate and wa ted URL(s) a | s perso s applic | onally observe cable. | ed on the | e indicated docu | ment, and | at the indicated |
| | | | | | | | | | | | | | |
| Principal Infor | mation | | | | | | | | | | | | |
| Principal's Name | Title | Date of | f Birth | Ownership % / Years | % of Time Spent In Business | policy fo | ecurity # (Prod or collection and numbers can curebancard.c | nd use o | of social | | Residential Address (City, State, Zip) | | Residential Phone # |
| HUEY WHITE | OWNER | | | 51/11 YRS | | *****590 | 9 | | | 114 DEL 70506 | MAR LN, LAFAYE | ETTE, LA, | 9859663831 |
| | | | | | | | | | | | | | |
| David Informati | · · | | | | | | | | | | | | |
| Bank Informat | | | | | | | _ | | | | | _ | |
| Name of Financ | ial Institution | | | Account nur | nber | | Routing # | | Phone # | | Contact | Date Ope | ened |
| HOME BANK | | | | *****6602 | | | 265270303 | | | | | | |
| entries to the their agents. | *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 / Busine | ess References | | | | | | | | | | | | |
| Trade Name | | Accou | unt # | | Product S | old | | | Phone #' (| No 800 | #s) | | |
| None | | None | - ** | | | | | | None None | | -, | | |
| None | | None | | | | | | | None None | | | | |
| Other busine | esses in which mer | chant or | a principal a | are now or p | reviously ha | ave been | involved as | owner/ | operator/dir | ector: | | | |

| | 1-D4A9-4008- | 8622-7E700B66E7EC | | HW | Merchant initials | H W |
|--|--|--|--|---|--|---|
| Processing Information | | | | | | |
| ard Types Accepted: | All Dis JCB** Americ | ca/MasterCard/Discover Cards scover Cards can Express ** S/Carte Blanche** | ☐ Vis ☐ Ma ☐ Vis | sterCard Credit Cards a Credit Cards and B sterCard Debit cards a Debit cards only N Based Debit/EBT Ca | only | |
| | | | | | | |
| Projected total annual sales \$ _ Projected Visa/MC/DISC/Amex Monthly \$6000.00 Annual \$ _ Projected Visa/MC/DISC/Amex \$15000.00 | : Sales | Electronic card-swiped transact Electronic key-entered (with im) Electronic card not present (w/c OR Touch-tone card not present (w Touch-tone card not present (n Mail/Telephone Order (card not eCommerce (card not present) | prints) out imprints) vith imprints) o imprints) t present) | 70 % 30 % None % None % None % | Do you use a 3rd | ex ticket size 1500 party fulfillment? No Yes If "yes" ne and phone num |
| | | , , , | OTAL (must equal 1 | | Thore. | |
| | | | <u> </u> | | | |
| Do you authorize carrier to deliv | ver w/o getting sig | dio or IVR), and Web-page screen prinature? No Yes | , , | blications Mass/Dii | shipped? If yes, how ma 3-30 days 31-60 da Over 90 days | |
| Have you ever accepted credit statements. If you are a MO/TC | cards before? | Yes No If Yes: Processor Name merchant, please provide most recer | nt 6 months of proce | (Please provide | the most recent 3 months | of processing |
| - | | | | | | |
| # of locations? | | ths \$6 ted with an existing account, please | | rchant ID#: | | |
| # of locations?None | If you are affiliat | | provide existing me | | holder data: | |
| # of locations? None List the names of each of you | If you are affilial | ted with an existing account, please | provide existing me servicers that will | have access to card | holder data: | ı |
| # of locations? None List the names of each of you Merchant Owns Leases Lo | If you are affilial ur independent concation(s)? | ted with an existing account, please | provide existing me servicers that will | | holder data: | |
| # of locations? | If you are affiliated in the second of the s | ted with an existing account, please ontractors or agents or merchant | provide existing me servicers that will | have access to card | holder data: | |
| # of locations? | If you are affiliated in the second of the s | ted with an existing account, please ontractors or agents or merchant | provide existing me servicers that will | have access to card | holder data: | |
| # of locations?None List the names of each of you Merchant Owns Leases Lovame/address of mortgage holde Other significant Merchant Contact | If you are affiliated in the second of the s | ted with an existing account, please ontractors or agents or merchant | provide existing me servicers that will | have access to card | holder data: | |
| # of locations?None List the names of each of you Merchant Owns Leases Local Leases Lo | If you are affiliated ur independent control ocation(s)? er/landlord: cts with third particular yments, and your your your your your your your your | ted with an existing account, please on tractors or agents or merchant entering account. | provide existing me servicers that will How long at curr | ent locations(s)?: | E. We will assign you a nev | AXP # for this |
| # of locations? None List the names of each of you Merchant Owns Leases Locate Content Owns Counts: Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay AVEN ACCOUNTS: If you do not currently accept A | If you are affilial our independent control ocation(s)? er/landlord: cts with third particular yments, and your your your work in excess of the control of | es: AXP volume is less than \$1MM annually, please provide yound your annual volume is less than \$ | provide existing me servicers that will How long at curr ally, you must subnour existing AXP#, s | ent locations(s)?: init your existing AXP# | E. We will assign you a new | |
| # of locations? None List the names of each of you Merchant Owns Leases Locate Name/address of mortgage holde Other significant Merchant Contact American Express Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay New Accounts: If you do not currently accept A | If you are affilial our independent control ocation(s)? er/landlord: cts with third particular yments, and your your your work in excess of the control of | es: AXP volume is less than \$1MM annually, please provide you | provide existing me servicers that will How long at curr ally, you must subnour existing AXP#, s | ent locations(s)?: init your existing AXP# | E. We will assign you a new | |
| # of locations? None List the names of each of you Merchant Owns Leases Local Control Control Other significant Merchant Contact American Express Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay New Accounts: If you do not currently accept AXP accepting AXP payments. AXP | If you are affilial our independent concation(s)? | es: AXP volume is less than \$1MM annually, please provide yound your annual volume is less than \$ | provide existing me servicers that will How long at curr ually, you must subn our existing AXP#, s | ent locations(s)?: init your existing AXP# o so we can convey the st AXP, we will assign | E. We will assign you a new | |
| # of locations? None List the names of each of you Merchant Owns Leases Local Lea | If you are affiliated are independent or continuous. If you are affiliated are independent or continuous. If you are independent or continuous. If you are independent or services are independent or services. If you are independent or services are independent or services. | es: AXP volume is less than \$1MM annually, please provide yound your annual volume is less than \$ | How long at current will will will ally, you must submour existing AXP#, so \$1MM, if you request we will contact AXP excity to AXP. Opt ours (such as tradition | ent locations(s)?: ent locations(s)?: nit your existing AXP# o so we can convey the st AXP, we will assign on your behalf. t of AXP Offers and P all mail and telephone | E. We will assign you a new his to AXP on your behalf. you an AXP # for this acc romotions: If you do not w), please contact custome | ount, so you can s ish to receive futui |
| # of locations? None List the names of each of you Merchant Owns Leases Local Name/address of mortgage holde Other significant Merchant Contact American Express Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay New Accounts: If you do not currently accept A accepting AXP payments. AXP If you do not currently have an In the event your volume excee offers or promotions of AXP process. | If you are affiliated in independent concerning in concerning in independent concerning in independent concerning in independent concerning in independent independent in i | es: AXP volume is less than \$1MM annual of \$1MM annually, please provide your annual volume is less than \$1MM, when annually, you may be moved direction of a your annually, you may be moved direction of annually, you may be moved direction of a your annually, you may be moved direction of annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction of a your annually, you may be moved direction. | How long at current will will will ally, you must submour existing AXP#, so \$1MM, if you request we will contact AXP excity to AXP. Opt ours (such as tradition | ent locations(s)?: ent locations(s)?: nit your existing AXP# o so we can convey the st AXP, we will assign on your behalf. t of AXP Offers and P all mail and telephone | E. We will assign you a new his to AXP on your behalf. you an AXP # for this acc romotions: If you do not w), please contact custome | ount, so you can s ish to receive futur |

^{**} 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.

** Other \$_____ per ____ Description

Early Termination Fee: \$ _____ ** PCI monthly Fee \$ _____

Authorization Fees: \$ ____ American Express \$ ____ MasterCard \$ ___ Visa \$ ___ Discover \$

| DS |
|----|
| HW |

| uSign Envelope ID: 4FD9831 | 1-D4A9- | 4008-8622 | 2-7E | 700B66E7EC | | | | | HW | ant miliais | | |
|--|--------------|----------------|----------------|---------------------------|--------|------------|-------------|-------------------|-------------------------------------|----------------|-------------|-------------|
| | | | | I | FEE S | SCHEDU | LE | | | | | |
| ** Equipment Options | | | | | | | | | | | | |
| Едартен Орнонз | | | | Purchase | Pur | chase | | | Purchase | Merchant | | |
| Model | | Qty | | New | | urbished | | Rent | Other Source | Owned | | Price |
| Terminal | | | | | | | | | | | \$ | |
| Terminal | | | | | - | | | | | | \$ | |
| Printer PIN Pad | | | | | | | | | | | \$ \$ | |
| Imprinter | | | | Purchase Only | | | | | | | φ | |
| Other | | | | | | | | | | | \$ | |
| | | | | | | | | | | | \$ | |
| | | 1100 1 11 | | | | | | | | | | |
| Shipping, handling and tax will be Equipment Billing to: | billed in ac | | | hant Agent O | | <u>.</u> | | | | | | |
| Ship Equipment to: | | | | Legal Agent | | ner | | | | | | |
| Send Welcome Kit to: | | | | Legal Agent | | | | | | | | |
| Merchant training provided by: | | | | essor Agent C | | - | | | | | | |
| | | | | •• | | | | | | | | |
| SERVICE ACCEPTANCE AND F | -EE SCHE | DULE | | | | | | | | | | |
| Discount Dates Interchange D | aaa Thuai ah | Discount Do | 40 05 | o 0/ Day Itam C | 0.40 | | Ai-ti | - Dues 0 Ass | samanta Daga Through | | | |
| Discount Rates Interchange Pa | ass mrougn | i Discourit Ra | .te <u>0.5</u> | % Per Item \$ | 0.10 | | ASSOCIATION | i Dues & Asse | ssments Pass Through | | | |
| Rate 1 | % | Per Item \$ | Rate | 2 | | | % | Per Item \$ | Rate 3 | | % | Per Item \$ |
| Visa Qual Credit | | | Visa | Mid-Qual Credit | | | | | Visa Non-Qual Credit | | | |
| Master Card Qual Credit | 0.50 | 0.10 | Maste | er Mid-Card Qual Credit | | | | | Master Non-Card Qual Cred | lit | | |
| Discover Network - PayPal Qual Credit | | | | over Netword - PayPal Mi | d-Oual | Credit | | | Discover Network - PayPal I | | | |
| American Express Qual Credit | | | | rican Express Mid-Qual C | | | | | American Express Non-Qua | | _ | |
| Visa Qual Debit | | | | Mid-Qual Debit | , ouit | | | | Visa Non-Qual Debit | a orean | | |
| Master Card Qual Debit | 0.50 | 0.10 | | er Card Mid-Qual Debit | | | | | Master Card Non-Qual Debi | i+ | + | |
| | 0.50 | 0.10 | | over Network - PayPal Mi | d Oual | Dobit | | | | | | |
| Discover Network - PayPal Qual Debit Pin Debit | 0.50 | 0.10 | EBT | over Network - Payrai Wil | u-Quai | Denit | | | Discover Network - PayPal I Star | Non-Quai Debit | ¢1 | 41- |
| PIN Debit | 0.50 | 0.10 | EBI | | | | | | Star | | \$1 per mon | un |
| Rewards Pricing | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| Visa Rewards (Discount Rate \$ | Per It | em | | | | MC Wo | rld Card (| Discount Rat | e \$Per Item | | | |
| | | | | | | | | | | | | |
| Amex Rewards (Discount Rate \$_ | Per | Item | | | | Discove | er Reward | s (Discount I | Rate \$ Per Item | | | |
| Non-Bankcard Types Accepted | | | | | | | | | | | | |
| Non-Bankcard Types Accepted | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| JCB Card % | Diners | s Carte Blai | nche | % | | Americ | an Expre | ss Discount | rate%C | DR | | |
| | _ | | | _ | | _ | | | | | | |
| Monthly Flat Fee: \$ | | Monthly Gr | oss F | Pay 🔲 Daily Gi | ross I | Pay 📗 🛭 F | Retail \$ | Trans Fe | e + % OR 🗔 | | | |
| _ | | | | | | | | | | | | |
| Est. Annual Amex Volume: \$ | lone | | | Ect Ave | rane | Amex Tic | Non | ie | | | | |
| Est. Annual Annex Volume: • | | | | LSt. AVC | iuge | AIIICA IIC | κοι. ψ | | | | | |
| AMEX Pay Frequency 3 | day | 15 day | | 30 day Amex F | ees o | lisclosed | in this se | ection are bi | lled by American Exp | oress | | |
| | | | | | | | | | | | | |
| Miscellaneous Fees: | | | | | | | | | | | | |
| Monthly Statement Fee \$ | Applica | tion/Setup | Fee S | 0.00 \$ ACH Reje | ct/Ch | ange Fee | \$ 0.00 | Online Me | erchant Portal \$ | monthly | | |
| Chargeback/Retrieval Fee \$_15 | 5.00/12.@ach | Monthly I | Minin | num: \$ <u>0.00</u> Vo | oice A | uth/ARU | Fee \$ Non | e ACH I | Batch Fee \$ 0.00 | each | | |
| ACH Debit \$1.00 Upon Accou | nt Approv | al AVS Fee | \$ 0.00 | each CVV2 Fe | ee \$ | each 1 | Γokenizat | 0.0 ion Fee \$ | each Annual Fee \$ | 0.00 | | |
| ** Administrative Maintenance | e Fee \$ | month | ly ** F | PCI Non Complian | nce Fe | ee \$ | monthl | y ** Gatewa | y Fee \$ montl | hly | | |

** Other \$_____ per ____ Description

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.

| —ps | Merchant initials_ | |
|-----|--------------------|--|
| HW | | |

ΗW

| • | | | | | | | | | |
|---|--------------------------------|----------------------|-------------------------------|----------|--------------------------------|------------------------|---------------------------------|--------------|----------------------------|
| eCommerce Application | eCommerce Application Addendum | | | | | | | | |
| Number of e-Commerce websites: (If more than 1, complete, initial and attach an additional copy of this page for each additional website) | | | | | | | | | |
| Website URL: | | Website serv | Website server IP Address: No | | | Website DBA: | | | |
| Customer Service: em | ail address: | WHITEHUEY9@GMAIL.COM | | Telepho | ne: | 8888231512 | List all links to other website | es: | |
| Web Hosting Service I | ting Service Name: | | | Address: | | | Contact Telephone: | | |
| Fullfillment House Na | ne: | | | Address: | | | Contact Telephone: | | |
| How do you advertise | : | | | | (Attack | n samples; e.g., catal | og/print/broadcast/telemarket | ting script) | |
| Do you bill customer's Yes No | card before ship | pping product | or performing se | ervice? | If Yes, how many days before? | | | | |
| What is your return/re | fund policy? | | | | Website Security Method: | | | | |
| Digital Certificate Issu | er: | | | | Digital Cert No(s)/Exp Date(s) | | | | venership ed Individual |

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3). acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BlN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s sig

AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I representthat I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Accep-tance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize NCR, Secure Bancard, and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information inthis application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Secure Bancardand American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I alsoauthorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read andunderstand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will be provided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

| MERCHANT SIGNATURES | | GUARANTOR SIGNATURES | |
|------------------------------|---------------|---------------------------------|---------------|
| DocuSigned by: | 2/27/2023 | DocuSigned by: | 2/27/2023 |
| X 1 Huey White | Feb. 27, 2023 | X 1) Huey White | Feb. 27, 2023 |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| HUEY WHITE | OWNER | HUEY WHITE | |
| Print Name | Title | Print Name (No Titles) | |
| X 2) | | X 2) | |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| | | | |
| Print Name | Title | Print Name (No Titles) | |
| X 3) | | X 3) | |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| | | | |
| Print Name | Title | Print Name (No Titles) | |
| | | | |
| FOR INTERNAL USE ONLY | | | |
| X) | | X) | |
| Accepted by Processor | Date | Accepted by Merchant Bank | Date |
| | | | |
| Print Name | Title | Print Name | Title |

Merchant Beneficial Owner(s), of the Merchant 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 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 Activatomer 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 Activatomer 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 identity 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 pr

| Section 1: Merchant Ap Feb. 27, 2023 | plication Information | (Must match information | on in Merchant Applicat | ion): Date Application | Signed (by Auth | orized Signer named b | elow): |
|---|-----------------------|-------------------------|---------------------------|-----------------------------|-----------------|--------------------------|-------------------|
| Merchant Legal Name: | HUEY WHITE | _ Merchant Federal Tax | x ID (as it appears on in | come tax return): <u>No</u> | one Mer | chant State of formation | on/Incorporation: |
| LA Merchant Address: | 114 DELMAR LN, L | AFAYETTE, LA, 70506 | 5 | | Merchan | t Entity Type | |
| LLC | | | | | | | |
| | | | | | | | |

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 HUEY WHITE | Title OWNER | | | % of Legal Entity OwnerShip: 51 % |
|--|--|--|--------------------------------|--|
| Individual's Home (Street) Address (No P.O. Box) 114 DELMAR LN | City, State, Zip LAFAYETTE, LA, 70506 | | | Date of birth 24 jun 1957 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No | (SSN)/Individual Taxpayer Ide | entification No. (| ITIN): | Control Prong? |
| Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ± | State/Country of Issuance LA | Date Issued 12 jan 2018 | Expiration Date 24 jun 2023 | Number on ID: 002943272 |
| Beneficial Owner Legal Name | Title | % of Legal Entity OwnerShip: None % | | |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No | (SSN)/Individual Taxpayer Ide | ITIN): | Control Prong? | |
| Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± | State/Country of Issuance | Date Issued None | Expiration Date None | Number on ID: |
| Beneficial Owner Legal Name | Title | % of Legal Entity OwnerShip: None % | | |
| Individual's Home (Street) Address (No P.O. Box) | City, State, Zip | Date of birth None | | |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No | (SSN)/Individual Taxpayer Ide | Control Prong? | | |
| Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± | State/Country of Issuance | Date Issued None | Expiration Date None | Number on ID: |
| Beneficial Owner Legal Name | Title | • | - | % of Legal Entity OwnerShip: None % |
| Individual's Home (Street) Address (No P.O. Box) | City, State, Zip LAFAYETTE, , | | | Date of birth None |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No | (SSN)/Individual Taxpayer Ide | entification No. (| ITIN): | Control Prong? |
| Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± | State/Country of Issuance | Date Issued None | Expiration Date None | Number on ID: |
| Control Prong (and/or additional Beneficial Owner) Legal Name HUEY WHITE | Title OWNER | | | % of Legal Entity OwnerShip: 51 % |
| Individual's Home (Street) Address (No P.O. Box) 114 DELMAR LN | City, State, Zip LAFAYETTE, LA, 70506 | | | Date of birth 24 jun 1957 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No | (SSN)/Individual Taxpayer Ide | entification No. (| ITIN): | Control Prong? |
| Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ± | State/Country of Issuance LA | Date Issued 12 jan 2018 | Expiration Date 24 jun 2023 | Number on ID: 002943272 |

Certifications and Signatures:

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.

| Anna | Bourgeois | Feb. 27, 2023 | Docusigned by: Huey White | 2/27/2023 | Huey White | DocuSigned by: Anna Bourseois | 2/27/2023 |
|-------|-----------|------------------|--------------------------------|-------------|--------------------------------|-------------------------------|-------------|
| Allia | | | Authorized Signer Signature | Date Signed | Authorized Signer Printed Name | Processor's Rep. Signature | Date Signed |

^{*}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.

VISA DISCLOSURE PAGE
DocuSign Envelope ID: 4FD98311-D4A9-4008-8622-7E700B66E7EC

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

(706) 649-4900 Acquirer Phone:

Important Member Bank (Acquirer) Responsabilities:

- 1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
- A Visa Member must be a principal (signatory) to the Merchant Agreement.
- The Visa Member is responsible for and must provide settlement funds to the Merchant.
- The Visa Member is responsible for all funds held in reserve that are derived from settlement. 4.
- 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.
- 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 | | | | | | | |
|-------------------------------------|---------------------|--|--|--|--|--|--|
| DocuSigned by: Huey White | 2/27/2023 | | | | | | |
| Huey White Merchant's Signature | Feb. 27, 2023 Date | | | | | | |
| | | | | | | | |
| HUEY WHITE Merchant's Printed Name | OWNER Title | | | | | | |