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					
QUALITY KITCHEN & CABINET &	INTERIORS LL	.c		BARE WOOD FURNITURE C	CENTER
Merchant Legal Business Name				DBA Name	
4975 NW EVANGELINE TRWY				4975 NW EVANGELINE TRW	VY
Mailing Address				DBA Address (Physical, No Po	O Boxes)
CARENCRO	Louisiana	70520		CARENCRO	Louisiana 70520
City	State	Zip		City	State Zip
3378965203				3372988819	
Legal Phone #	Legal Fax #			DBA Phone #	DBA Fax #
260885607	15 Yrs.	15 Mos. New bu	usiness New owner Seas	onal? Yes No List months	
Federal Tax ID # (Must be 9 digits)	Length O	Dwned	Rusinosa Lisanas	Data Opened: 05	i sep 2007
			Business License	Date Opened:	MANA DA DEMOCRE IDNITURECE
Merchant State registration		E-mail Address:	ATALIE@BAREWOODFURNITI	eb site Address:	WWW.BAREWOODFURNITURECE
Any prior No	Yes If yes:	Personal Busir	ess If yes, how long		
Type of Sole Prop	nrietorshin ■ I	I C Partnershin	Ltd Partnership Corp. che	ck one: Public Private No	n Other
Type of Sole Flop	metorship <u> </u>	LC Faithership	Ltd Faithership Corp, the	ck one. Public Frivate 110	TI Guiei
Business Type					
Retail Restaurant Lodging	g Service	Internet% M	ail% 🔲 Tel	% Bus-to-Bus %	
Description of Business					
WOOD FURNITURE		ucts/services; card ch	arging policies; delivery meth	ods; whether own/finance inventor	yprovide separate pages if needed): 3372988819
Refund/Return Policy					
■ No refund ■ Refund in 30 days	s or less Me	erchandise	Other:		
American Express Disclosur	e				
American Express Disclosur	re				
		on and the Merchant A	Agreement is your acquirer for	American Express, or will convey	American Exper ss sales on your behalf:
	t this Applicatio	on and the Merchant A	Agreement is your acquirer for	American Express, or will convey	American Exper ss sales on your behalf
The "NCR" party listed throughout	t this Applicatio	on and the Merchant A	Agreement is your acquirer for	American Express, or will convey	American Exper ss sales on your behalf:
The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 303	t this Applicatio	on and the Merchant A	Agreement is your acquirer for	American Express, or will convey	American Exper ss sales on your behalf:
The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 303	t this Applicatio	on and the Merchant A	Agreement is your acquirer for NATALIE DUHON I		American Exper ss sales on your behalf: Mar. 16, 2022

	CT / Site Survey												
PATRIOT AC	T REQUIREMENTS - and record information name, physical address er identifying documen	To help t	he govern	ment fight the f	unding of ter	rorism and	money laundering	g activ	vities, the	USA Pa	atriot Act requires	all financia	l institutions to
ask for your n	and record information ame, physical address	, date of	birth, taxp	ayer identificat	ion number a	and other in	nformation that will	allow	v us to ide	entify yo	u. We may also a	ask to see y	our driver's
license or oth	er identifying documen	its. Comp	lete Section	ons I and II and	I III. (*In Se	ction II, Dr	iver's License requi	ııred -	use oth	er ID on	lly if no Driver's L	icense issue	ed.)
Busines	Section 1: ss Form of Identificat	ion		Applica Items Rev			Sect Individua Identi		rm of		It	Applicable ems Reviev	
			Business	s Name:									
Govt Issued E	Business License		Date and Issuance	d Place of e:		D	rivers License:	00	5164963		Name:	NA ⁻	TALIE DUHON
Tax Return						S	tate ID:				Date of Birth:		may 1971
Corporate Re			ID/Tax II	D Number: 2	60885607		assport:				DL/ID#:		164963
Entity Agenci	es						lilitary ID:				Date of Issuar	ice:	
Business fina	ncial Statement		Expiratio	on Date:		I IV	lexican Consulate				State of Issua	nce: Nor	ne
Partnership A	greement										Expiration:		y 31, 2024
			Type Fin	n'l S't		R	esident Alien ID:				Address:	110	CARENCRO JFF
Section III			1									DL	DI-I-
On site vis	it done by Sales Rep			Business Cor	nsistent with	Application	n (including any e-C	Comn	merce add	dendum	s(s))		
Address of	location inspected:		BA Addre	ess Lega	al Address	URL	listed in eCommer	rce ac	ddendum		Other Addres	SS:	
Does name p	osted at business mate	ch name	on applica	ation Yes	No	Doe	s inventory volume	appe	ear to be	sufficier	nt? Yes No		
	have appropriate busi			es No			store hours posted					:/td>	
	merchant's inventory?			Get Samples?	Yes No	o Did yo	ou get Interior/exter	rior pł	hotos?	Yes	No		
Was inventor	y consistent with merch	nant's typ	e of busin	ess? 🗌 Yes 📗			Comments:						
* Signature of	Sales Representative	:					Date:						
* By signing a	above you hereby ackn (in the case of informat	owledge	that the in	formation listed	herein is tru	ie guid acc	urate and was pers	sonall	ly observe	ed on th	e indicated docu	ment, and a	t the indicated
address and (in the case of informat	ion listed	below in t	the e-Commerc	e addendum	n(s)) indica	ted URL(s) as appl	licabl	le.				
Principal Info	ormation												
•													
Principal's	Title	Date of I	Birth	Ownership	% of Time		curity # (Processor's	-	-		Residential Addr		Residential
Name				% / Years	Spent In	-	collection and use				(City, State, Zi	0)	Phone #
					Business		iumbers can be four urebancard.com)	nu at					
						www.sect							
NATALIE	OWNER			50/15		*****4163					ENCRO BLUFF, C	ARENCRO,	3372988819
DUHON				YEARS						LA, 7052		ADENIODO	
DENNIS DUHON	OWNER			50/15 YEARS		*****5373				LA, 7052	ENCRO BLUFF, C	ARENCRO,	337-654-7337
DOTION				ILARS						LA, 1032	.0		
Bank Informa	ation												
Name of Finar	ncial Institution			Account nu	mber		Routing #	Р	hone #		Contact	Date Open	ed
RAYNE STATE	BANK			***1649			065204443						
*AUTHORI	ZATION FOR AUTOM	ATIC FU	NDS TRA	NSFER (ACH)	: The Merch	nant Bank	(defined below) is	autho	orized to	initiate d	or transmit credit	and/or deb	it and/or check
entries to th	ne account identified re	lating to	the above	account for the	services co	ntemplated	d under this Agreer	ment.	. Said aut	hority is	granted to Merc	hant Bank's	processor and
their agents	8. REQUIRED: ATTACH	VOIDED (CHECK										
				_			_	_					
Please sele	ect one for ACH acco	unt type	listed abo	ove: C	hecking acc	count 🔲 S	avings account	Ban	nk GL ac	count			
Trade / Busi	ness References												
Trade Name		Accou	unt #		Product 9	Sold		Р	hone #' ((No 800	#s)		
								1-			,		
None		None							lone Non				

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

and Types Accepted: All Discover Cards MasterCard Crisit Cards and Business Cards only Visa Device Cards MasterCard Crisit Cards and Business Cards only Visa Device Cards and Publication only Visa Device Cards and Visa Device Cards and Visa Device Cards and Visa Device Cards and Visa Device Cards only Visa Device Cards Vis	Sign Envelope ID: 3B09EB	8F-E26D-42E5-B2AF-7C584A9FAF35	e		Merchant initials	N D
All Discover Cards JOB' Annetican Express " Annetican Express " PRI Based Debto-EST Cards** Projected value of the second or projected value or projected value of the second or projected value or proje	rocessing Information					
Projected VisaMcDisCAmex clates Electronic card wayed transactions Electronic keyentered (whout imprints) Electronic keyentered (whout imprints) Electronic keyentered (whim imprints) Electronic card not present (whout imprints) Frojected VisaMcDisCAmex High Ticket Touch-tone card not present (whout imprints) Electronic card not present (whout imprints) Mail Telephone or Order (card not present) More: NOTE: TOTAL (must equal 100%) NOTE	ard Types Accepted:	☐ All Discover Cards ☐ JCB** ☐ American Express **	□ V □ M □ V	risa Credit Cards and Bu MasterCard Debit cards o risa Debit cards only	usiness Cards only only	
Projected VisaMcDisCAmex clates Electronic card wayed transactions Electronic keyentered (whout imprints) Electronic keyentered (whout imprints) Electronic keyentered (whim imprints) Electronic card not present (whout imprints) Frojected VisaMcDisCAmex High Ticket Touch-tone card not present (whout imprints) Electronic card not present (whout imprints) Mail Telephone or Order (card not present) More: NOTE: TOTAL (must equal 100%) NOTE						
NOTE: TOTAL (must equal 109%) NOTE: TOTAL (must equal 109%) 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 advertise? If you also tape (Radio or IVR), and Web-page screen prints/URL (internet). Do you advertise? If you are a MOTO or e-Commerce merchant, please provide most recent 3 months of processing statements. If you are a MOTO or e-Commerce merchant, please provide most recent 6 months of processing statements. If you are a MOTO or e-Commerce merchant, please provide most recent 6 months of processing statements. If you are a MOTO or e-Commerce merchant, please provide most recent 6 months of processing statements. If you are a month of your independent contractors or agents or merchant servicers that will have access to cardholder data: If you are a month of your independent contractors or agents or merchant servicers that will have access to cardholder data: 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 AxCeounts: 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, to accept any payments in excess of \$1MM annually, please provide your existing AXP#, we will assign you an AXP # for this account, so you can: accepting AXP payments. AXP SE #: 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: accepting AXP payments. AXP SE #: If you do not currently have an AXP #, and your annual volume is less than \$1MM, if you request AXP, we will assign you an AXP # for this account, so you can: accepting AXP payments. AXP SE #: If you do not currently accept AXP payments, and your annu	Projected Visa/MC/DISC/Ames Monthly \$70000.00 Annual \$_ Projected Visa/MC/DISC/Ames	Electronic key-entered (v Electronic card not prese Touch-tone card not prese x High Ticket Touch-tone card not prese	with imprints) ent (w/out imprints) OR sent (with imprints) sent (no imprints)	20 % None %	Visa/MC/DISC/Amex Do you use a 3rd pa No If Contact name a Name:	rty fulfillment Yes "yes" and phone nur
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 Oxford Oxf	ψ3000.00	•	' '			
If applicable, provide: video (TV), audio tape (Radio or IVP), and Web-page screen prints/URL(Internet). Saliped 19 (s.), how many days? 0-2 d 3-30 days 3-160 days 60-90 days 0-2 d 3-30 days 3-160 days 60-90 days 0-2 d 3-30 days 3-160 days 60-90 days 0-2 d 3-30 days 3-160 days 0-90		NOT	TE: TOTAL (must equal	100%)		
If applicable, provide: video (TV), audio tape (Radio or IVP), and Web-page screen prints/URL(Internet). Saliped's fles, how many days? 0-2 d 3-30 days 3-160 days 60-90 days 0-2 d 3-30 days 3-160 days 0-80 days 0-	If processing via mail, pho	ne or Internet: supply copy of print advertising, c	atalogs and brochures.		Do vou bill your customer pr	rior to goods be
Do you authorize carrier to deliver w/o getting signature? No ses Over 90 days How do you advertise? Yellow pages is Telemarketing is catalog internet word of mouth Publications Mass/Direct mail Other Have you ever accepted credit cards before? Yes No if Yes: Processor Name Processing Statements (No you are a MOTTO 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#: None List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data: ## telephone of the processing statements (None None Leases Location(s)? How long at current locations(s)?: ## telephone of mortgage holder/landford: Where significant Merchant Contacts with third parties: ## telephone of mortgage holder/landford: Where significant Merchant Contacts with third parties: Where significant Merchant Contacts with third parties Where significant Merchant Contacts	If applicable, provide: video (T	V), audio tape (Radio or IVR), and Web-page scr).	shipped? If yes, how many o	days? 🔲 0-2 da
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 \$	•				Over 90 days	
Actual chargeback volume for most recent 3 months \$ 6 months \$ # of locations?	How do you advertise? Yell	ow pages \square Telemarketing \square Catalog \square Interne	et Word of mouth P	ublications Mass/Dir	ect mail Other	
# of locations?	statements. If you are a MO/TO	O or e-Commerce merchant, please provide mos	st recent 6 months of prod	cessing statements.)	The most resent a manual 2.	processg
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 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 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 futurently except acceptance 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 phenumber 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 paym	None				holder data:	
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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 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 phonometric 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 payments.		ymonto in execute or warms armadary, produce pro-	nuc your oncome , a,	30 30 00 00 555,	13 10 70 11 75 25 25 12	
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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 phonometric 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 payments.	If you do not currently have an	AXP #, and your annual volume is more than \$1	LMM, we will contact AXF	on your behalf.		
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 paym	offers or promotions of AXP pr	oducts or services from AXP via offline or on-line	e means (such as traditio	onal mail and telephone)), please contact customer se	
	Call Secure Bancard, LLC Cus	stomer Service at: 1-855-271-1500				
	•				· · · · · · · · · · · · · · · · · · ·	

^{**} 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.





uSign Envelope ID: 3B09EB8F-E26D-42E5-B2AF-7C584A9FAF35						Ds	os M	erchant initials	N D		
JSIGN Envelope ID: 3B09EB8	F-E20D-	42E5-B2 <i>F</i>	AF-7U:		FEE SCHEDU	LE	M	00			
** Equipment Options											
Model		Qty		ırchase ew	Purchase Refurbished		Rent	Purchase Other Source	Merchant Owned		Price
Terminal										\$	
Terminal										\$	
Printer										\$	
PIN Pad										\$	
Imprinter			Pι	ırchase Only							
Other										\$	
										\$	
Shipping, handling and tax will be	billed in ad										
Equipment Billing to:			Mercha		ther						
Ship Equipment to:			DBA	Legal Agent	_						
Send Welcome Kit to:			DBA 🔃	Legal Agent							
Merchant training provided by:			Proces	sor 🔲 Agent 🔲 C	Other:						
SERVICE ACCEPTANCE AND F	EE SCHEI	DULE									
Discount Rates Interchange Pa	ass Through	Discount Ra	te <u>0.30</u>	% Per Item \$	0.00	Association I	Dues & Asse	essments Pass Thro	ough		
Rate 1	%	Per Item \$	Rate 2			%	Per Item \$	Rate 3		%	Per Item \$

SERVICE ACCEPTANCE AND F	EE SCHE	DULE						
Discount Rates Interchange Pa	ass Through	Discount Ra	ate <u>0.30</u> % Per Item \$ <u>0.00</u>	Association	Dues & Asse	essments 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	0.30	0.00	Master Mid-Card Qual Credit			Master Non-Card Qual Credit		
Discover Network - PayPal Qual Credit			Discover Netword - PayPal Mid-Qual Credit			Discover Network - PayPal Non-Qual Credit		
American Express Qual Credit			American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit			Visa Mid-Qual Debit			Visa Non-Qual Debit		
Master Card Qual Debit	0.30	0.00	Master Card Mid-Qual Debit			Master Card Non-Qual Debit		
Discover Network - PayPal Qual Debit			Discover Network - PayPal Mid-Qual Debit			Discover Network - PayPal Non-Qual Debit		
Pin Debit	0.30	0.00	EBT			Star	\$1 per mont	th

Rewards Pricing		
Visa Rewards (Discount Rate \$	Per Item	MC World Card (Discount Rate \$ Per Item
Amex Rewards (Discount Rate \$	Per Item	Discover Rewards (Discount Rate \$Per Item
Non-Bankcard Types Accepted		
JCB Card %	Diners Carte Blanche%	American Express Discount rate%OR
Monthly Flat Fee: \$	Monthly Gross Pay Daily Gross P	ay Retail \$ Trans Fee + % OR

Est. Annual Amex Volume: \$ Est. Average Amex Ticket: \$
AMEX Pay Frequency 3 day 30 day Amex Fees disclosed in this section are billed by American Express
Miscellaneous Fees:
Monthly Statement Fee \$ Application/Setup Fee \$ ACH Reject/Change Fee \$ Online Merchant Portal \$ monthly
Chargeback/Retrieval Fee \$ \frac{25.00/15.@ach Monthly Minimum: \$ \frac{0.00}{0.00} Voice Auth/ARU Fee \$ \frac{None}{0.00} ACH Batch Fee \$ \frac{0.00}{0.00} each
ACH Debit \$1.00 Upon Account Approval AVS Fee \$\frac{0.00}{}{}{}{}{}{}{}{}{}{}{}{}{}{}{}{}{}
** Administrative Maintenance Fee \$\frac{10.00}{\text{monthly ** PCI Non Compliance Fee \$}\frac{0.00}{\text{monthly ** Gateway Fee \$}\frac{0.00}{\text{monthly monthly ** Gateway Fee }}
** Other \$ Per Description
Early Termination Fee: \$ 0.00 ** PCI monthly Fee \$ 0.00
Authorization Fees: \$ 0.00 American Express \$ MasterCard \$ 0.00 Visa \$ 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.

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eCommerce Application Addendum									
Number of e-Commerce websites:		(If more	than 1, complete, initial and attach	an additional	copy of this pag	e for each add	tional website)	
Website URL: WWW.BAREWOODFURNITUR	RECENTER.COM	Website serve	r IP A	ddress:	None	Website DBA:			
Customer Service: email address:		NATALIE@BAREWOODFURNITURECENTER.COM T			Telephone:	3378965203	List all links to other websites:		
Web Hosting Service Name:			Address:		Contact Telephone:				
Fullfillment House Name:					Address:		Contact Telephone:		
How do you advertise:				(Attach samples; e.g., catalog/print/broadcast/telemarketing script)					
Do you bill customer's card before shipping product or performing service? Yes No			ice?	If Yes, how many days before?					
What is your return/refund policy?				Website Security Method:					
Digital Certificate Issuer:			Digital Cert No(s)/Exp Date(s)			Owe	enership d 🔲 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

Guaranty by this reference.

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 BIN 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

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

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

MERCHANT SIGNATURES		GUARANTOR SIGNATURES	
DocuSigned by:		DocuSigned by:	
Matalie Dulion	Mar. 16, 2022	×1 Natalie Dulion	Mar. 16, 2022
Princiβaffowfier⁴for Merchant	Date	Guarantor Signature (No Titles)	Date
NATALIE DUHON	OWNER	NATALIE DUHON	
Print Name	Title	Print Name (No Titles)	
Docusigned by: 2 Dennis Dulon	3/16/2022	Docusigned by:	3/16/2022
Principal/Owner for Merchant	Date	Guarafilo Signature (No Titles)	Date
Dennis Duhon	Owner	Dennis Duhon	
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
Drint Nama	Title	Drint Nama	Title

DS	Ds
M	DD

Merchant initials

N D

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 most Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification forms included therein or prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification 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.

Section 1: Merchant Ap Mar. 16, 2022	plication Information	(Must match information in Merchant Application): Date Application	tion Signe	d (by Authorized Signer named below):
Merchant Legal Name: _	NATALIE DUHON	Merchant Federal Tax ID (as it appears on income tax return):	None	Merchant State of formation/Incorporation:
LA Merchant Address:	110 CARENCRO B	LUFF, CARENCRO, LA, 70520		Merchant 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 NATALIE DUHON	Title OWNER			% of Legal Entity OwnerShip: 50 %
Individual's Home (Street) Address (No P.O. Box) 110 CARENCRO BLUFF	City, State, Zip CARENCRO, LA, 70520			Date of birth 06 may 1971
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Identification No. (ITIN): *******4163			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 16 mar 2018	Expiration Date 31 may 2024	Number on ID: 005164963
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 Identification 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:
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 Identification 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:
Beneficial Owner Legal Name	Title		-	% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip CARENCRO, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No	(SSN)/Individual Taxpayer Identification 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 NATALIE DUHON	Title OWNER			% of Legal Entity OwnerShip: 50 %
Individual's Home (Street) Address (No P.O. Box) 110 CARENCRO BLUFF	City, State, Zip CARENCRO, LA, 70520			Date of birth 06 may 1971
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Identification No. (ITIN): ******4163			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 16 mar 2018	Expiration Date 31 may 2024	Number on ID: 005164963

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.

		DocuSigned by:	3/16/2022			
	Mar. 16,	Natalie Dulion		Natalie Duhon	Docusigned by: Anna Bowglois	3/16/2022
Anna Bourgeois	2022	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: 3B09EB8F-E26D-42E5-B2AF-7C584A9FAF35

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) Responsabilities:

- 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	
DocuSigned by: Natalic Dulion 1AF4E5FF64CA4E3 Merchant's Signature	Mar. 16, 2022 Date
NATALIE DUHON	OWNER
Merchant's Printed Name	Title