

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: iBuxx Impact

Business Information				
Oakland Tire and Service Center L	LC		Oakland Tire and Service Center	
Merchant Legal Business Name			DBA Name	
15 Pierce Rd			15 Pierce Rd	
Mailing Address			DBA Address (Physical, No PO Boxes)	
Oakland	Tennessee 38060		Oakladn	Tennessee 38060
City	State Zip		City	State Zip
901-466-0122			901-466-0122	
Legal Phone #	Legal Fax #		DBA Phone #	DBA Fax #
462045539	8 yr _{Yrs.} 8 yr _{Mos.} New bus	siness New owner Seasonal?	Yes No List months	
Federal Tax ID # (Must be 9 digits)	Length Owned		March 1 201	13
		Business License	Date Opened:	
Merchant State registration	E-mail Address: OT	SCAuto@gmail.com Web site	e Address: oakla	ndtireandservice.com
Any prior	Yes If yes: Personal Busine	ess If yes, how long		
	-		- Dublic Dain : Th	T Other in
Type of Sole Prop	orietorship 🔳 LLC 🔲 Partnership 🔲 I	Ltd Partnership Corp, check on	e: Public Private Non	Other
Business Type				
■ Retail □ Restaurant □ Lodginç	g Service Internet% Ma	uil% □ Tel	% Bus-to-Bus%	
Description of Business				
Detailed Description of Business (i	including products/services; card cha	arging policies; delivery methods; v	whether own/finance inventoryprovid	e separate pages if needed):
Mailing Address (select	egal 🗌 DBA 🔲 Location Contact:	Greg Getman	Phone #	901-466-0122
Refund/Return Policy				
No refund Refund in 30 days	or less Merchandise	Other:		
American Express Disclosure	e			
The "JetPay" party listed througho behalf:	ut this Application and the Merchant	Agreement is your acquirer for Am	nerican Express, or will convey Americ	an Experess sales on your
JetPay Merchant Services 3361 Boyington Drive, Suite 180 Carrollton, TX 75006				
× 1800 180		Greg Getman / Owner		Feb. 09, 2021

	T / Site Survey											
obtain, verify a	REQUIREMENTS - nd record information tme, physical addres r identifying docume	To help to that idea s date of	the governmen ntifies each per hirth taxnaver	t fight the fui son (includir identificatio	nding of terro ng business n number an	orism and entities) v d other ir	I money laundering a who opens an accou oformation that will a	activities, the nt. What this llow us to ide	USA Pa means ntify yo	atriot Act requires for you: When yo u. We may also a	s all finan ou open a isk to see	cial institutions to an account, we will a your driver's
license or othe	r identifying docume	nts. Com	olete Sections I	and II and I	II. (*In Sect	ion II, Dr	iver's License require	ed use othe	r ID on	ly if no Driver's Li	icense is	sued.)
Business	Section 1: Form of Identifica	tion	ı	Applicab tems Revie	le wed:		Section Sectio	Form of		Ite	Applica ems Rev	ible iewed:
			Business Na	me:								
Govt Issued Bu	usiness License		Date and Pla Issuance:	ce of		D	rivers License:	079627569		Name:	(Greg Getman
Tax Return			issuarioe.			S	tate ID:			Date of Birth:	J	Jan. 18, 1978
Corporate Res	olution		ID/Tax ID Nu	mber: 46	2045539	Р	assport:			DL/ID#:	C	79627569
Entity Agencies	S						lilitary ID:			Date of Issuan	ice:	
Business finan	cial Statement		Expiration Da	ate:		IV IE	lexican Consulate):			State of Issuar	nce: 1	ΓN
Partnership Ag	reement									Expiration:		Jan 17, 2026
Coation III			Type Fin'l S't			R	esident Alien ID:			Address:		1628 Chester Rd
Section III												
On site visit	done by Sales Rep		■ Bu	siness Cons	istent with A	pplication	n (including any e-Co	ommerce add	endum	s(s))		
Address of I	ocation inspected:		DBA Address	Legal	Address	URL	listed in eCommerce	e addendum		Other Addres	SS:	
Does name po	sted at business ma	tch name	on application	Yes N	lo	Doe	s inventory volume a	appear to be s	ufficier	nt? Yes No	ı	
Does location l	have appropriate bus	iness sig	nage 🗌 Yes 🔲	No			store hours posted?				/td>	
	nerchant's inventory?				Yes No	Did yo	ou get Interior/exterio	or photos?	Yes 🗌	No		
Was inventory	consistent with merc	hant's typ	oe of business?	Yes			Comments:					
* Signature of S	Sales Representative	e:					Date:					
* By signing ab	ove you hereby acki	nowledge	that the inform	ation listed h	nerein is true	and acc	urate and was perso	nally observe	d on th	e indicated docur	ment, and	d at the indicated
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Principal Infor	mation											
Principal's	Title	Date o	of Birth	Ouwanahin	0/ - 6 =					Residential Addre		
				Ownership	% of Time	Social S	Security # (Processor'	's privacy		Nesideliliai Addic	ess	Residential Phon
Name			or Birtir	% / Years	Spent In		Security # (Processor' or collection and use			(City, State, Zip		Residential Phone
			or Birtin			policy f		of social				Residential Phone
			or Birtir		Spent In	policy for	or collection and use	of social				
1	Owner		or Birth		Spent In	policy for	or collection and use numbers can be fou curebancard.com)	of social	4628 C)	
Name	Owner		31 Siliti	% / Years	Spent In	policy for security www.se	or collection and use numbers can be fou curebancard.com)	of social		(City, State, Zip)	#
Name Greg Getman			5 Birdi	% / Years	Spent In	policy for security www.se	or collection and use numbers can be fou curebancard.com)	of social	4628 C	(City, State, Zip)	#
Name			7. Birdi	% / Years	Spent In	policy for security www.se	or collection and use numbers can be fou curebancard.com)	of social	4628 C	(City, State, Zip)	#
Name Greg Getman	tion			% / Years	Spent In Business	policy for security www.se	or collection and use numbers can be fou curebancard.com)	of social	4628 C	(City, State, Zip)	901-634-8361
Name Greg Getman Bank Informa	tion cial Institution		Į.	% / Years	Spent In Business	policy for security www.se	or collection and use r numbers can be fou curebancard.com)	of social nd at	4628 C	(City, State, Zip	n, TN,	901-634-8361
Greg Getman Bank Informa Name of Finance	tion cial Institution		Į.	% / Years 100/8 yrs	Spent In Business	policy for security www.se	or collection and use rumbers can be fou curebancard.com)	of social nd at	4628 C	(City, State, Zip	n, TN,	901-634-8361
Greg Getman Bank Informat Name of Finance The Bank of Faye *AUTHORIZ	tion cial Institution title County ATION FOR AUTOM	MATIC FL	/ ** JNDS TRANSF	% / Years 100/8 yrs Account num ***7332 ER (ACH):	Spent In Business	policy fr security www.se *****4844	r collection and use r numbers can be fou curebancard.com) Routing # 084304337 (defined below) is a	of social nd at Phone # uthorized to in	4628 C 38002	(City, State, Zip Chester Rd, Arlingto Contact	Date Op	# 901-634-8361 Dened Debit and/or check
Greg Getman Bank Informat Name of Finance The Bank of Faye *AUTHORIZ entries to the	tion cial Institution ette County ATION FOR AUTOM et account identified re	MATIC FU	JNDS TRANSF	% / Years 100/8 yrs Account num ***7332 ER (ACH):	Spent In Business	policy fr security www.se *****4844	r collection and use r numbers can be fou curebancard.com) Routing # 084304337 (defined below) is a	of social nd at Phone # uthorized to in	4628 C 38002	(City, State, Zip Chester Rd, Arlingto Contact	Date Op	# 901-634-8361 Dened Debit and/or check
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Bank Informat Name of Finance The Bank of Faye *AUTHORIZ entries to the their agents. Please select Trade / Busin Trade Name	tion cial Institution ette County ATION FOR AUTOM e account identified re REQUIRED: ATTACH ct one for ACH accounts	MATIC FUelating to VOIDED (Acco	JNDS TRANSF the above acco	100/8 yrs 100/8 yrs Account num ***7332 EER (ACH): Dunt for the s	Spent In Business The Mercha services confidence according accord	policy for security www.se	r collection and use r numbers can be fou curebancard.com) Routing # 084304337 (defined below) is a d under this Agreement avings account	Phone # uthorized to intent. Said auth Bank GL acc	4628 C 38002	(City, State, Zip	Date Op	# 901-634-8361 Dened Debit and/or check

	3 of 6		Merchant initials	G G
Processing Information				
Card Types Accepted:	■ All Visa/MasterCard/Discover Cards ■ All Discover Cards ■ JCB** ■ American Express ** ■ Diners/Carte Blanche**	MasterCard Credit Cards a Visa Credit Cards and Busi MasterCard Debit cards on Visa Debit cards only PIN Based Debit/EBT Card	iness Cards only	
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sales Monthly \$80000.00 Annual \$ Projected Visa/MC/DISC/Amex High \$12000.00	Electronic key-entered (with imp Electronic card not present (w/ou OR Touch-tone card not present (with Ticket Touch-tone card not present (no Mail/Telephone Order (card not eCommerce (card not present)	rints)	If "y	y fulfillment? Yes yes" d phone number:
If applicable, provide: video (TV), aud Do you authorize carrier to deliver w/ How do you advertise? Yellow pag Have you ever accepted credit cards statements. If you are a MO/TO or e- Actual chargeback volume for most re # of locations?	es Telemarketing Catalog Internet Woodbefore? Yes No If Yes: Processor Name Commerce merchant, please provide most recent	ord of mouth Publications Mass/Direct (Please provide the 6 months of processing statements.) months \$ rovide existing merchant ID#:	ne most recent 3 months of p	ays?
Merchant Owns Leases Location	n(s)?	How long at current locations(s)?:		
Name/address of mortgage holder/land	lord:			
Other significant Merchant Contacts with	h third parties:			
American Express Existing Accounts:				
account. Existing AXP SE #:	s, and your AXP volume is less than \$1MM annua			P # for this
New Accounts:	payments, and your annual volume is less than \$2	•	•	so you can start
	, and your annual volume is more than \$1MM, we	,		
offers or promotions of AXP products	ore than \$1MM annually, you may be moved director services from AXP via offline or on-line means tit may take some time, consistent with applicable	s (such as traditional mail and telephone), p	please contact customer serv	

** 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.

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, JetPay as processor, and not Merchant Bank, will settle American Express.

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

						FEE S	CHEDUI	LE						
** Equipment Option	ıs													
				_	Purchase		hase				chase	Merchant		
Model Terminal				Qty	New	Refu	rbished		Rent	Oth	er Source	Owned	\$	Price
Terminal													\$	
Printer													\$	
PIN Pad													\$	
Imprinter	COETWARE	_			Purchase Onl	У							•	
Other	SOFTWARE	_											\$	
			J.										ĮΨ	
Shipping, handling ar Equipment Billing to:	nd tax will be	billed in ad	ldition to	Me	rchant 🔲 Agent	Other								
Ship Equipment to:					A Legal A		er:							
Send Welcome Kit to					A Legal A									
Merchant training pro	ovided by:			■ Pro	cessor Agen	t 🔲 Otner:								
SERVICE ACCEPTA	ANCE AND F	EE SCHE	DULE											
Discount Rates	Interchange Pa	ass Through	Discoun	t Rate	% Per It	em \$		Association	Dues & Ass	essmen	ts Pass Throuç	gh		
Rate 1		%	Per Item	\$ Ra	ate 2			%	Per Item \$	Rate 3			%	Per Item \$
Visa Qual Credit		3.79			sa Mid-Qual Credit					+	on-Qual Credit			
Master Card Qual Credit		3.79			aster Mid-Card Qual	Credit				_	Non-Card Qual (Credit		
Discover Network - PayPal (Oual Credit	3.79			scover Netword - Pay		redit			+		Pal Non-Qual Credit		
American Express Qual Cre		3.79			nerican Express Mid-						an Express Non-			
Visa Qual Debit		3.79			sa Mid-Qual Debit	4				_	on-Qual Debit			
Master Card Qual Debit		3.79			aster Card Mid-Qual I	Debit					Card Non-Qual I	Debit		
Discover Network - PayPal (Qual Debit	3.79		-	scover Network - Pay		ebit			+		Pal Non-Qual Debit		
Pin Debit				EB						Star			\$1 per mont	h
			1							1				
Visa Rewards (Disco			em						Discount Rass					
Non-Bankcard Type	s Accepted													
JCB Card %	ee: \$	_	Carte			ily Gross P		tetail \$				OR		
Est. Annual Amex	Volume: \$_	lone			Est.	Average A	mex Ticl	Non ket: \$	е					
AMEX Pay Freque	ency 🔲 3 d	day	15 da	ay [30 day An	nex Fees di	sclosed	in this se	ction are b	oilled b	y American	Express		
Miscellaneous Fees	:													
Monthly Statemen	nt Fee \$	Applica	tion/Se	tup Fee	None e \$ ACH	Reject/Cha	nge Fee	\$ 25.00	Online M	erchan	t Portal \$	monthly		
Chargeback/Retri	eval Fee \$ <u>25</u>	.00/15. @ach	Month	nly Min	imum: \$ None	Voice Au	uth/ARU	Fee \$ 1.95	ACH	Fee \$ <u>_</u>	None	each		
ACH Debit \$1.00 L	Jpon Accour	nt Approva	al AVS I	Fee \$	each CV	V2 Fee \$ No	each T	okenizati	ion Fee \$_	one eac	h Annual Fe	None e \$		
** Administrative	Maintenance	Fee \$	emo	nthly *	* PCI Non Com	pliance Fee	e \$	monthly	y ** Gatewa	ay Fee	None \$ mo	onthly		
None ** Other \$	None per	Descrip				** Other	None \$	Nor per	ne Desc	ription				
Early Termination	None	** PC	l month	ıly Fee	\$ <u></u>									
Authorization Fee	None	America	n Expre	No ess \$	one Master(None Card \$	Visa	None \$	Discove	r \$				

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.

5 of 6	Merchant initials	G G

eCommerce Applic	cation Addendum									
Number of e-Com	nerce websites:			(If more that	n 1, co	mplete, initi	al and attach an additi	onal copy of this page for e	ach additional we	bsite)
Website URL:	oaklandtireandservi	ce.com	Website serv Address:	er IP			Website DBA:			
Customer Service:	email address:		OTSCAuto@	gmail.com	Tele	phone:	901-466-0122	List all links to other we	ebsites:	
Web Hosting Serv	ice Name:				Addı	ress:		Contact Telephone:		
Fullfillment House	Name:				Addı	ress:		Contact Telephone:		
How do you adver	tise:					(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
Do you bill custon Yes No	ner's card before ship	pping pro	duct or perfo	rming servi	ce?	If Yes, how many days before?				
What is your retur	n/refund policy?					Website S	Website Security Method:			
Digital Certificate	ssuer:					Digital Ce	ert 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 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 JetPay and Secure Bancard's OptBlue program for American Express, by signing below, I represent that 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 Acceptance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize JetPay, Secure Bancard, and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this 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 Bancard and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about how American Express your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting 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	
X11 Brook Both	Feb. 09, 2021	XII BAS BATA	Feb. 09, 2021
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Greg Getman	Owner	Greg Getman	
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 initials	G G

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 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 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

will allow us to identity yo	u. We may also	is means for you: When you ask to see your driver's lic s privacy policy can be found	ense or other	er identifying documents. I	In some instance	date of birth, and es we may use ou	other information that tside sources to
Section 1: Merchant Appli Feb. 09, 2021	cation Informa	tion (Must match information	in Merchant	Application): Date Application	n Signed (by Auth	norized Signer nam	ed below):
	Greg Getman 4628 Chester R	Merchant Federal Tax ID d, Arlington, TN, 38002	O (as it appea	ars on income tax return):4		rchant State of forr It Entity Type	nation/Incorporation:
individuals does not exceed individuals for which informa managing the legal entity lis Chief Operating Officer, Ma	50% of the equation is provided ited in Section 1 naging Member	nagement Information. Provi r otherwise, owns 25% or mor ity interests of the Merchant, I below exceeds 50%. (Use ex , a "Control Prong". Examples , General Partner, President, rong section below must be co	provide the ir ktra copies if s of a Control Vice Presidei	nformation below on addition needed.) Information must b	al beneficial owne e provided for one	ers so that the total e individual with sid	ownership interests of inificant responsibility for
Beneficial Owner Legal N Greg Getman	ame			Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) A 4628 Chester Rd	Address (No P.C	D. Box)		City, State, Zip Arlington, TN, 38002			Date of birth Jan. 18, 1978
Individual has a Social Sec Number issued by US Gove	•	Individual Taxpayer Identificaes No	ition	(SSN)/Individual Taxpayer Id *****4844	dentification No. (ITIN):	Control Prong?
Id Type:* ■ Driver's Licens Passport □ Resident Alier	_	te photo ID showing residence	e 🔲	State/Country of Issuance TN	Date Issued Jan. 17, 2018	Expiration Date Jan. 17, 2026	Number on ID: 079627569
Beneficial Owner Legal N	ame			Title			% of Legal Entity OwnerShip: None %
Individual has a Social Sec Number issued by US Gove	-	Individual Taxpayer Identifica	ition	(SSN)/Individual Taxpayer Id	dentification No. (ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alier		te photo ID showing residence	e 🔲	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal N	ame			Title		<u> </u>	% of Legal Entity OwnerShip: None %
Individual's Home (Street)	Address (No P.O	D. Box)		City, State, Zip			Date of birth None
Individual has a Social Sec Number issued by US Gove		Individual Taxpayer Identifica	ition	(SSN)/Individual Taxpayer Id	dentification No. (ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alier		te photo ID showing residence	e 🔲	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal N	ame			Title		<u> </u>	% of Legal Entity OwnerShip: None %
Individual's Home (Street)	Address (No P.C	D. Box)		City, State, Zip Arlington, ,			Date of birth None
Individual has a Social Sec Number issued by US Gove	_	Individual Taxpayer Identifica es ■ No	ition	(SSN)/Individual Taxpayer Id	dentification No. (ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alier		te photo ID showing residence	е	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or Greg Getman	additional Ben	eficial Owner) Legal Name		Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) / 4628 Chester Rd	Address (No P.O	D. Box)		City, State, Zip Arlington, TN, 38002			Date of birth Jan. 18, 1978
Individual has a Social Sec Number issued by US Gove	,	Individual Taxpayer Identifica	ition	(SSN)/Individual Taxpayer Id	dentification No. (ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alier		te photo ID showing residence		State/Country of Issuance TN	Date Issued Jan. 17, 2018	Expiration Date Jan. 17, 2026	Number on ID: 079627569
	cify type of "Oth	License unless there is none er ID", which may be any othe					
Certifications and Signatu The undersigned Authorized that he/she is authorized to and that, to the best of his/h indirectly owns 25% or more Representative, each hereb correct and was personally	ires: d Signer, listed a open accounts er knowledge, a of the Merchally certify that the	above as a Beneficial Owner of for the Merchant at financial ir all information provided above It legal entity's equity interests information listed above rega indicated document.	about each i s whose infor	ndividual listed above is com mation is not provided above	nplete and correct e. The Authorized	and there is no ind	dividual who directly or ocessor's
Bry BA	Feb. 09, 2021	Greg Getman Authorized Signer Signature	Date Signe	ed Authorized Signer Printer	d Name Process		Date Signed

VISA DISCLOSURE PAGE

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	
Soc 15.47_ Merchant's Signature	Feb. 09, 2021
Merchant's Signature	Date
Greg Getman	Owner
Merchant's Printed Name	Title