



<p>Number of e-Commerce websites: _____ (If more than 1, complete, print and attach an additional copy of this page for each additional website)</p>			
Website (URL):	Website server IP Address:	Name:	Website DEA:
Customer Service email address:	Telephone:	List all links to other websites:	
Web hosting Service Name:	Address:	Contact Telephone:	
Fulfillment Service Name:	Address:	Contact Telephone:	
How do you advertise? _____ (Attach examples, e.g., catalog/informational/marketing copy)			
Do you bill customer's card before shipping product or performing service? Yes/No		If yes, how many days before?	
What is your return/refund policy?		Website Security Method:	
Digital Certificate Issuer:		Digital Cert Issuing Method:	Ownership Shared / Individual <input type="checkbox"/>

The purpose of this application, "Processor" is Secure Bancard, LLC, 1000 Main Street, Matthews, NC 28105 and can be contacted at 1-800-275-1000 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-698-4900.

**Merchant Signature and Guarantor Signatures**

**Agreement Signature:** By signing below, each of the Merchant and Guarantor(s) and merchant principal(s) and names(s) (2) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (3) 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 appearing below as a principal or owner of Merchant or as a Guarantor; (7) each person who Merchant Bank or Processor shall or may a consumer report was requested, Merchant Bank or Processor will tell each 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; (8) acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Controlling Documents ("Ownership") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of EM 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 Ownership, and each such Addendum; (9) 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; (10) 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 in copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (11) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing cash-cash, credits or monetary value of any type that may be used in contact gambling.

**AMERICAN EXPRESS:** In the event I am not eligible for NCR and Secure Bancard's Optima 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 NCR, Secure Bancard and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information on 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, 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 protects 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 1-800-628-6286. I understand that upon American Express' approval of the application, the entity will be registered with the American Express Agreement and materials welcoming it to American Express Card's acceptance program.

**Guaranty:** The undersigned Guarantor(s), individually and severally, guarantee the full and timely performance and payment by the Merchant (identified above) in the portion of this Application which provides the Ownership 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	
	Date: Jun 13, 2003		Date: Jun 13, 2003
Principal/Owner for Merchant	Date	Guarantor Signature (No Title)	Date
Ricky Rogers	Owner	Ricky Rogers	
Print Name	Title	Print Name (No Title)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Title)	Date
Print Name	Title	Print Name (No Title)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Title)	Date
Print Name	Title	Print Name (No Title)	

  

FOR INTERNAL USE ONLY			
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title



**Merchant Beneficial Ownership and Management Information Certification:** The following information and certifications concerning beneficial ownership, and the identification of beneficial owners, 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 form of Merchant Application including any Form I-9, W-9, and other identification forms and taxpayer identification forms included therein or presented for use therein reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Proprietor's representative. The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certification regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Form I-9, W-9, and other identification forms and taxpayer identification forms included therein or presented for use therein. 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, with this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. Secure Bank's privacy policy can be found at <http://www.securebank.com/Private420046y.pdf>

**Section 1. Merchant Application Information (Must match information in Merchant Application; Date Application Signed (by Authorized Signer named below)**

Jan. 13, 2023

Merchant Legal Name: Ricky Rogers Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of Formation/Incorporation: MD  
 Merchant Address: 12000 Rd 202, Philadelphia, MD, 21202 Merchant Entity Type: Non-Profit

**Section 2. Beneficial Ownership and Management Information.** Provide the information below on each individual who directly or indirectly, through any contract, management, understanding, relationship or otherwise, owns 10% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of these 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 Person". Examples of a Control Person 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 Person, the Control Person section below must be completed.

Beneficial Owner Legal Name	Title	% of Legal Entity Ownership
<b>Ricky Rogers</b>	<b>Owner</b>	<b>100 %</b>
Individual's Home (Street) Address (No P.O. Box) <u>12000 Rd 202</u>	City, State, Zip <u>Philadelphia, MD, 21202</u>	Date of Birth <u>27 Jun 1967</u>
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SSN/Individual Taxpayer Identification No. (ITIN) <u>****-**-1234</u>	
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID is _____	State/Country of Issuance <u>MD</u>	Date Issued <u>28 Jun 2017</u>
	Expiration Date <u>27 Jun 2025</u>	Number on ID <u>001422980</u>
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: <b>None %</b>
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSN/Individual Taxpayer Identification No. (ITIN)	
Id Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID is _____	State/Country of Issuance	Date Issued
	None	None
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: <b>None %</b>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSN/Individual Taxpayer Identification No. (ITIN)	
Id Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID is _____	State/Country of Issuance	Date Issued
	None	None
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: <b>None %</b>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSN/Individual Taxpayer Identification No. (ITIN)	
Id Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID is _____	State/Country of Issuance	Date Issued
	None	None
Control Person (and/or additional Beneficial Owner) Legal Name <b>Ricky Rogers</b>	Title <b>Owner</b>	% of Legal Entity Ownership: <b>100 %</b>
Individual's Home (Street) Address (No P.O. Box) <u>12000 Rd 202</u>	City, State, Zip <u>Philadelphia, MD, 21202</u>	Date of Birth <u>27 Jun 1967</u>
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SSN/Individual Taxpayer Identification No. (ITIN) <u>****-**-1234</u>	
Id Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID is _____	State/Country of Issuance <u>MD</u>	Date Issued <u>28 Jun 2017</u>
	Expiration Date <u>27 Jun 2025</u>	Number on ID <u>001422980</u>

\*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 is Specialty type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Certifications and Signatures:**

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Person, 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 10% 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 certifies that the information listed above regarding the identity and the identification documents of each individual listed above, is complete and correct and was personally obtained on the indicated documents.

Jan. 13,  
2023

Ricky Rogers

Authorized Signer  
Signature

Date Signed

*Ricky L. Rogers*  
Authorized Signer Printed Name

Processor's Rep.  
Signature

Date Signed

Processor's Prop. Printed Name

**Member Bank (Acquirer) Information:**

Acquirer Name: Synovus Bank  
 Acquirer Address: 1125 First Avenue, Columbus, GA 31901  
 Acquirer Phone: (706) 643-4300

**Important Member Bank (Acquirer) Responsibilities:**

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

**Important Merchant Responsibilities:**

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

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

**Merchant Signature**

Merchant's Signature

Rick Rogers

Merchant's Printed Name



Jun 18, 2015

Date

Owner

Title