

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: VetBuxx-ibuxx

Business Information					
Pallone Veterinary Hospital, Inc				Pallone Veterinary Hospital	
Merchant Legal Business Name				DBA Name	
6039 Hwy 36 West				6039 Hwy 36 West	
Mailing Address			•	DBA Address (Physical, No PO Boxes)	
Rose Bud	Arkansas	72137		Rose Bud	Arkansas 72137
City	State	Zip		City	State Zip
5015565355				5015565355	
Legal Phone #	Legal Fax #		•	DBA Phone #	DBA Fax #
621665062	28 Yrs.	28 Mos. New b	usiness New owner Seasonal?	Yes No List months	
Federal Tax ID # (Must be 9 digits)	Length C	Dwned		Date Opened: 01 jan 1995	
			Business License	Date Opened: 01 Jail 1995	
Merchant State registration		E-mail Address: d	onnapallonevet@gmail.com Web site	e Address:	
Any prior No	Yes If yes:	Personal Busin	ness If yes, how long		
				o: Dublic Drivete Mon	Othor
Type of Sole Propr	ietorsnip 🔙 L	LC Partnership	Ltd Partnership Corp, check on	e: Public Private Non	Other
Business Type					
Veterinary Services			Donna Horn	whether own/finance inventoryprovide	e separate pages if needed):
Mailing Address (select Le	gal 🗌 DBA 📗	Location Contact: _	Dollila Holli	Phone #	3013303333
Refund/Return Policy					
■ No refund ■ Refund in 30 days	or less 🔲 Me	erchandise	Other:		
American Express Disclosure					
The "NCR" party listed throughout to NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 3030		on and the Merchant /	Agreement is your acquirer for Ame	rican Express, or will convey American	Exper ss sales on your behalf:
X Milly Tall ON Merchant Signature	/1		Michael Pallone / Owner Print Name/Title		Feb. 21, 2024 Date:

Merchant initials MP

PATRIOT AC									1104.0			rial inetitutions to
PATRIOT ACT	REQUIREMENTS	To help t	the govern	ment fight th	ne funding of	terrorism	and money launderi	ng activities, the	USA P	atriot Act requires a	all financ	iai ilistitutions to
obtain, verify a	and record information	n that ider s. date of	ntifies each birth, taxp	n person (ind aver identifi	cluding busin cation number	ness entiti er and oth	and money launderi es) who opens an ac ner information that w I, Driver's License re	count. What this ill allow us to id	means	for you: When you u. We may also as	u open a	n account, we will vour driver's
license or othe	r identifying docume	nts. Comp	plete Section	ons I and II	and III. (*In	Section I	I, Driver's License red	quired use oth	er ID on	ly if no Driver's Lic	ense iss	sued.)
	Section 1:			Annl	icable		6.0	ction II:			Annlica	blo
Business	s Form of Identifica	tion		Items R	eviewed:		Individ	ual Form of		Ite	Applical ms Revi	ewed:
			Business	s Name:			Idei	ntification				
			Dusiness	s ivallie.								
Covt Issued Bu	usiness License			d Place of			Drivers License:	923769161		Name:	N	lichael Pallone
	usiness License		Issuance	9:				923709101				
Tax Return Corporate Res	colution		ID/Tay II	D Number:	621665062	2	State ID: Passport:			Date of Birth: DL/ID#:		8 aug 1969 23769161
Entity Agencie			ID/Tax IL	J INGINISCI.	021003002		Military ID:			Date of Issuance	_	23703101
Business finan			Expiratio	n Date:			Mexican Consulat	е		State of Issuand		lone
Partnership Ag			Ехричио	ni Buic.			ID:			Expiration:		ug 28, 2025
raithership Ag	greement		Type Fin	n'l S't			Resident Alien ID:			Address:		24 Pallone Lane
Section III			. , po				r toolaont / mon ib.			7.000.000.		z i i anono zano
On site visit	done by Sales Rep			Rucinoce	Oneietent w	ith Annlic	ation (including any	-Commerce ad	dendum	e(e))		
									aendum	. , ,		
Address of I	ocation inspected:		DBA Addre	ss L	egal Address	s 🔲 l	URL listed in eComm	erce addendum		Other Address	5:	
Does name po	sted at business ma	tch name	on applica	tion Yes	No		Does inventory volur	ne appear to be	sufficier	nt? Yes No		
	have appropriate bus			es No			Are store hours post			er of employees:/t	td>	
	nerchant's inventory?			Get Samples		No D	id you get Interior/ex	erior photos?	Yes	No		
Was inventory	consistent with merc	hant's typ	pe of busin	ess? Yes			Comments:					
* Signature of	Sales Representative	e:					Date:					
* By signing ab	oove you hereby ack	nowledge	that the in	l formation lis	ted herein is	true and	accurate and was pe	ersonally observ	od on th		ont and	l at the indicated
address and (ii	n the case of informs	4! i: - £	م سنييمام ما ام							e indicated docum	ieni, anu	i at the indicated
	ir the case of informe	ition listed	a below in t	the e-Comm	erce addend	dum(s)) in	dicated URL(s) as a	plicable.	eu on ui	e indicated docum	ieni, anu	at the indicated
S: : !! (ition listed	a below in t	tne e-Comm	erce addend	dum(s)) in	dicated URL(s) as ar	plicable.	eu on ui	e indicated docum	ient, and	at the indicated
Principal Info		ition listed	a below in t	tne e-Comm	erce addend	dum(s)) in	dicated URL(s) as ap	plicable.	eu on in	e indicated docum	ieni, and	at the marcated
Principal's			of Birth	Owne	ship % of T	ime Soc	cial Security # (Proces	sor's privacy		Residential Addres	ss	Residential Phone
	rmation				rship % of T ars Spent	ime Soc	cial Security # (Proces	sor's privacy use of social			ss	
Principal's	rmation			Owne	ship % of T	ime Soc In poli	cial Security # (Proces icy for collection and i urity numbers can be	sor's privacy use of social found at		Residential Addres	ss	Residential Phone
Principal's	rmation			Owne	rship % of T ars Spent	ime Soc In poli	cial Security # (Proces	sor's privacy use of social found at		Residential Addres (City, State, Zip)	ss	Residential Phone
Principal's	rmation			Owne	rship % of T ars Spent Busine	ime Soc In poli ess sec www	cial Security # (Proces icy for collection and i urity numbers can be	sor's privacy use of social found at	224 Pa	Residential Addres	ss	Residential Phone
Principal's Name	rmation Title			Owner % / Ye	rship % of T ars Spent Busine	ime Soc In poli ess sec www	cial Security # (Proces icy for collection and ourity numbers can be w.securebancard.com	sor's privacy use of social found at		Residential Addres (City, State, Zip)	ss	Residential Phone
Principal's Name	rmation Title			Owner % / Ye	rship % of T ars Spent Busine	ime Soc In poli ess sec www	cial Security # (Proces icy for collection and ourity numbers can be w.securebancard.com	sor's privacy use of social found at	224 Pa	Residential Addres (City, State, Zip)	ss	Residential Phone
Principal's Name	Title Owner			Owner % / Ye	rship % of T ars Spent Busine	ime Soc In poli ess sec www	cial Security # (Proces icy for collection and ourity numbers can be w.securebancard.com	sor's privacy use of social found at	224 Pa	Residential Addres (City, State, Zip)	ss	Residential Phone
Principal's Name Michael Pallone	Title Owner			Owner % / Ye	rship % of T ars Spent Busine	ime Soc In poli ess sec www	cial Security # (Proces icy for collection and ourity numbers can be w.securebancard.com	sor's privacy use of social found at	224 Pa	Residential Addres (City, State, Zip) llone Lane, Rose Bu	ss	Residential Phone # 5015565355
Principal's Name Michael Pallone Bank Informa	Title Owner tion cial Institution			Owner % / Ye	rship % of T Spent Busine Years	ime Soc In poli ess sec www	cial Security # (Proces tcy for collection and urity numbers can be w.securebancard.com	sor's privacy ise of social found at	224 Pa	Residential Addres (City, State, Zip) llone Lane, Rose Bu	d, AR,	Residential Phone # 5015565355
Principal's Name Michael Pallone Bank Informa Name of Finance	Title Owner tion cial Institution			Owner % / Ye	rship % of T Spent Busine Years	ime Soc In poli ess sec www	cial Security # (Processicy for collection and urity numbers can be w.securebancard.com	sor's privacy ise of social found at	224 Pa	Residential Addres (City, State, Zip) llone Lane, Rose Bu	d, AR,	Residential Phone # 5015565355
Principal's Name Michael Pallone Bank Informa Name of Finance Eagle Bank and T	Title Owner tion cial Institution	Date o	of Birth	Ownei % / Ye 100/28 Account *****170:	rship % of T Spent Busine Years	ime Social polices sec www	cial Security # (Processicy for collection and urity numbers can be w.securebancard.com	sor's privacy use of social found at) Phone #	224 Pai 72137	Residential Addres (City, State, Zip) Ilone Lane, Rose Bui	d, AR, Date Op	Residential Phone # 5015565355
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	3 of 6		Merchant initials_	MP
Processing Information				
Card Types Accepted:	All Visa/MasterCard/Discover Cards All Discover Cards JCB** American Express ** Diners/Carte Blanche**	MasterCard Credit Cards an Visa Credit Cards and Busi MasterCard Debit cards onl Visa Debit cards only PIN Based Debit/EBT Card	ness Cards only y	
Projected total annual sales \$Projected Visa/MC/DISC/Amex Sales Monthly \$196000_00Annual \$Projected Visa/MC/DISC/Amex High T \$8000.00	Electronic key-entered (with impr 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 present)	ints)		x ticket size 500.00 party fulfillment? yes If "yes" and phone number:
If applicable, provide: video (TV), audi Do you authorize carrier to deliver w/o How do you advertise? Yellow page Have you ever accepted credit cards to statements. If you are a MO/TO or e-C Actual chargeback volume for most re # of locations? If you None	es Telemarketing Catalog Internet Wo before? Yes No If Yes: Processor Name Commerce merchant, please provide most recent	rd of mouth Publications Mass/Direc (Please provide the 6 months of processing statements.) nonths \$ rovide existing merchant ID#:	e most recent 3 months o	y days?
Merchant Owns Leases Location Name/address of mortgage holder/landle Other significant Merchant Contacts with	ord:	How long at current locations(s)?:		
American Express				
Existing Accounts: If you currently accept AXP payments, account. Existing AXP SE #: If you currently accept AXP payments New Accounts:	in excess of \$1MM annually, please provide your ayments, and your annual volume is less than \$1	r existing AXP#, so so we can convey this	to AXP on your behalf.	

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

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

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

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

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

					FEE S	CHEDU	LE						
** Equipment Options													
				Purchase		hase				rchase	Merchant		
Model			Qty	New	Refu	rbished		Rent	Otl	her Source	e Owned	Φ.	Price
Terminal Terminal												\$	
Printer												\$	
PIN Pad				Dh Out								\$	
Imprinter Other				Purchase Only								\$	
Curci												\$	
		1.00						•			•		
Shipping, handling and tax will be Equipment Billing to:	billed in a	daition to		chant Agent (
Ship Equipment to:				A Legal Agent		er:							
Send Welcome Kit to:				A Legal Agent									
Merchant training provided by:			Pro	cessor Agent	Other:								
SERVICE ACCEPTANCE AND F	EE SCHE	DULE											
Discount Rates Interchange Pa		n Discount	Rate	% Per Item \$	S			Dues & Ass	essmer	nts Pass Thro	ough		1
Rate 1	%	Per Item		te 2			%	Per Item \$	Rate 3			%	Per Item \$
Visa Qual Credit	3.79		_	a Mid-Qual Credit					-	Ion-Qual Credit			
Master Card Qual Credit	3.79		_	ster Mid-Card Qual Credit						r Non-Card Qu			
Discover Network - PayPal Qual Credit	3.79			cover Netword - PayPal N		redit			_		ayPal Non-Qual Credit		
American Express Qual Credit	3.79			erican Express Mid-Qual	Credit				-	can Express No			
Visa Qual Debit	3.79			a Mid-Qual Debit					_	Ion-Qual Debit			
Master Card Qual Debit	3.79		_	ster Card Mid-Qual Debit	4id Ovel D	a la la			+	r Card Non-Qu			
Discover Network - PayPal Qual Debit Pin Debit	3.79		EB	cover Network - PayPal N	nia-Quai D	edit			Star	ver Network - P	PayPal Non-Qual Debit	\$1 per mont	L
Pill Debit			EB	1					Stai			at her mone	11
Rewards Pricing													
Visa Rewards (Discount Rate \$ 3.7	9 Per I	tem				MC Wo	rld Card (E	Discount Ra	ate \$ 3.	79 Per Ite	em		
Amex Rewards (Discount Rate \$.79 Do	Item				Discove	r Dowards	s (Discount	Data 9	3.79 Do	r Item		
Amex Newards (Discount Nate \$_		item				Discove	ritewarus	5 (Discount	Traile 4	р ге	i item		
Non-Bankcard Types Accepted													
JCB Card %	Diner	s Carte E	Blanch	e%		Americ	an Expres	ss Discour	nt rate	% <u> </u>	OR		
☐ Monthly Flat Fee: \$		Monthly	Gross	Pay Daily G	Fross P	ay 📗 F	Retail \$	Trans F	ee +	_% or _			
		-				•							
Est. Annual Amex Volume: \$_	one			Est. Ave	erage A	mex Tic	Non- ket: \$	e					
AMEX Pay Frequency 3	day	15 da	y	30 day Amex	Fees di	sclosed	in this se	ction are b	oilled b	y America	n Express		
Miscellaneous Fees:													
Monthly Statement Fee \$	Applica	ation/Set	up Fee	None \$ ACH Rej	ect/Cha	nge Fee	\$ 25.00	Online M	erchai	nt Portal \$	Mone monthly		
Chargeback/Retrieval Fee \$ 25	.00/15. @acl	n Month	ly Min	imum: \$ <u>None</u> V	oice Au	uth/ARU	Fee \$ None	ACH	Batch	Fee \$ None	each		
ACH Debit \$1.00 Upon Accou	nt Approv	al AVS F	ee \$	each CVV2 F	ee \$	each T	okenizati	on Fee \$_	one eac	h Annual I	None Fee \$		
** Administrative Maintenance	Fee \$	ne mor	nthly *	PCI Non Complia	nce Fe	e \$	monthly	/ ** Gatewa	ay Fee	None \$r	monthly		
Monthly bill minimum: None													
** Other \$ per	Descrip	ntion		**	Other	None \$	Nor per	ne Desc	ription				
** Other \$ per	_ Descrip	otion		**	Other	None \$	moi per	nth Desc	ription	1			
Early Termination Fee: \$	** PC	I month	y Fee	None \$									
Authorization Fees: \$	America	an Expre	No ss \$	one MasterCard	None	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.

ls MP	Merchant initials

eCommerce Application	n Addendum								
Number of e-Commerc	ce websites:		(If more than 1, cor	nplete, ir	nitial and a	attach an additional cop	y of this page for each additiona	l website)	
Website URL:		Website serv	er IP Address:	None		Website DBA:			
Customer Service: em	ail address:	donnapallon	evet@gmail.com	Teleph	one:	5015565355	List all links to other website	es:	
Web Hosting Service N	Name:			Addres	ss:		Contact Telephone:		
Fullfillment House Nar	ne:			Addres	ss:		Contact Telephone:		
How do you advertise:					(Attach	samples; e.g., catalo	g/print/broadcast/telemarket	ing script)	
Do you bill customer's Yes No	card before ship	pping product	or performing ser	vice?	If Yes, how many days before?				
What is your return/ref	fund policy?				Website	Security Method:			
Digital Certificate Issu	er:				Digital (Cert No(s)/Exp Date(s)		venership ed Individual

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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 beprovided 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	
X1) Milia Mallona	Feb. 21, 2024	X1) Milia Pallon	Feb. 21, 2024
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Michael Pallone	Owner	Michael Pallone	
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

			NA T	_
erc	hant	initials	M F	_

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 for use therewith. Notice: To help the government fight the funding of terrorism and taxpayer identification/withholding forms included therein or prescribed for use therewith. Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to

will allow us to identity yo	u. We may also	ask to see your d	river's license or o	account we will ask for your ther identifying documents. I ww.securebancard.com/Privacy	n some instanc		
Section 1: Merchant Applie Feb. 21, 2024	cation Informati	i on (Must match in	formation in Mercha	nt Application): Date Application	n Signed (by Autl	norized Signer nam	ed below):
AR Merchant Address: 2	lichael Pallone 224 Pallone Lane	Merchant Fede	,	pears on income tax return): <u>N</u>		rchant State of form nt Entity Type	nation/Incorporation:
Corporation	_						
arrangement, understanding individuals does not exceed individuals for which informa	i, relationship or 50% of the equit ition is provided l ted in Section 1, naging Member,	otherwise, owns 25 by interests of the Modelow exceeds 50% a "Control Prong". General Partner, P	5% or more of the ed Merchant, provide the 6. (Use extra copies Examples of a Cont resident, Vice Presi	ormation below on each individu quity interests of the Merchant I e information below on addition if needed.) Information must b rol Prong include, but are not lind dent or Treasurer. If no other B	egal entity identif al beneficial own e provided for on	ied above. If the tot ers so that the total e individual with sic	tal ownership of those ownership interests of anificant responsibility fo
Beneficial Owner Legal Na Michael Pallone	ame			Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) A 224 Pallone Lane	Address (No P.O	. Box)		City, State, Zip Rose Bud, AR, 72137			Date of birth 28 aug 1969
Individual has a Social Secu Number issued by US Gove	•		Identification	(SSN)/Individual Taxpayer lo	dentification No. ((ITIN):	Control Prong?
Id Type:* ■ Driver's Licens Passport □ Resident Alien			residence	State/Country of Issuance AR	Date Issued 03 oct 2017	Expiration Date 28 aug 2025	Number on ID: 923769161
Beneficial Owner Legal Na	ame			Title		l	% of Legal Entity OwnerShip: None %
Individual has a Social Secu Number issued by US Gove			Identification	(SSN)/Individual Taxpayer Id	dentification No. ((ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alien			residence	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal Na	ame			Title			% of Legal Entity OwnerShip: None %
Individual's Home (Street) A	Address (No P.O.	. Box)		City, State, Zip			Date of birth None
Individual has a Social Secu Number issued by US Gove			Identification	(SSN)/Individual Taxpayer Id	dentification No. ([ITIN]:	Control Prong?
Id Type:* Driver's Licens Passport Resident Alien			residence	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Legal Na	ame			Title			% of Legal Entity OwnerShip: None %
Individual's Home (Street) A	Address (No P.O	. Box)		City, State, Zip Rose Bud, ,			Date of birth None
Individual has a Social Secu Number issued by US Gove	_		Identification	(SSN)/Individual Taxpayer Id	dentification No. ((ITIN):	Control Prong?
Id Type:* Driver's Licens Passport Resident Alien			residence	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or Dischael Pallone	additional Bene	eficial Owner) Leg	al Name	Title Owner	I.	1	% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) A 224 Pallone Lane	Address (No P.O	. Box)		City, State, Zip Rose Bud, AR, 72137			Date of birth 28 aug 1969
Individual has a Social Secu Number issued by US Gove	•		Identification	(SSN)/Individual Taxpayer Id ******6534	dentification No. ([ITIN):	Control Prong?
Id Type:* ■ Driver's Licens Passport □ Resident Alien	_		residence	State/Country of Issuance AR	Date Issued 03 oct 2017	Expiration Date 28 aug 2025	Number on ID: 923769161
*For US persons provide un Country of issuance. ± Spec photograph or similar safegu	ify type of "Othe	License unless ther r ID", which may be	re is none; for non-L e any other unexpire	IS persons ID Type may be und d government-issued documen	expired Resident t evidencing nation	Alien ID, or Passpo onality or residence	ort/Other ID± and e and bearing a
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 of	res: Signer, listed allopen accounts for knowledge, allower the Merchant y certify that the	or the Merchant at f I information provid I legal entity's equit information listed a	inancial institutions, led above about eac y interests whose in bove regarding the	Prong, who has signed the Mer that all information provided at h individual listed above is con formation is not provided above identity and the identification do	oove about the M uplete and correc e. The Authorized	erchant legal entity t and there is no ind I Signer and the Pr	is complete and correct dividual who directly or ocessor's
Milly PallONY	Feb. 21, 2024	Michael Pallone	Authorized Signer Signature	Date Signed Author	orized Signer Prir	nted Name Proces Signatu	

Date Signed Processor's Rep. Printed Name

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	
Mi to Mail Mortant's Signature	Feb. 21, 2024
Merchant's Signature	Date
Michael Pallone	Owner
Merchant's Printed Name	Title