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						
Business information						
Polymath Enterprises LLC				The Frame Shop Gal	lery 912	
Merchant Legal Business Name				DBA Name		
912 Coolidge Blvd Mailing Address				912 Coolidge Blvd DBA Address (Physica	I No PO Royes)	
Lafayette	Louisiana	70503		Lafayette		uisiana 70503
City	State	Zip		City	State	
3372352915	Ciuic	z.p		3372544335	Ollin	, <u>2.</u> p
Legal Phone #	Legal Fax #		_	DBA Phone #	DBA	Fax #
272142356	11)Yrs.	11 Mas Now h	ousiness New owner	Seasonal? Yes No List m		
Federal Tax ID # (Must be 9 digits)		Owned	Jusiness I New Owner	Seasonal? Tes No List II		
, ,			Business License	Date Opene	ed: 18 mar 2010	<u> </u>
Merchant State registration		E-mail Address: j	eromy@gallery912.com	Web site Address:	www.galler	y912.com
A mus musicara	Vac If was	Darrage I Duci	: 16 b			
Any prior No	i res il yes:	Personal Bus	iness If yes, how long			
Type of Sole Pro	prietorship 📕 L	LC Partnership	Ltd Partnership 🔲 Corp	o, check one: 🔲 Public 🔲 Private	Non Othe	r
usiness Type						
	g Service	Internet% N	Mail% 🔲 Te	Bus-to-Bus	<u></u> %	
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Mailing Address (select Refund/Return Policy No refund Refund in 30 day American Express Disclosur The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 30	s or less Med	Location Contact:	Jeromy Young Other:	methods; whether own/finance in	3372 3372 convey American Expe	2544335
Description of Business Detailed Description of Business Custom Framing Mailing Address (select Refund/Return Policy No refund Refund in 30 day American Express Disclosur The "NCR" party listed throughout NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 30	s or less Med	Location Contact:	Jeromy Young Other:	Phone #	3372 convey American Expe	r ss sales on your bel

PATRIOT ACT / Site Survey

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Merchant	initials	

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PATRIOT ACT REQUIREMENTS - 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (*In Section II, Driver's License required -- use other ID only if no Driver's License issued.) Section II: Individual Form of Identification Section 1: Business Form of Identification Applicable Items Reviewed: Applicable Items Reviewed: **Business Name:** Date and Place of 006647498 Govt Issued Business License Drivers License: Name: Jeromy Young Tax Return State ID Date of Birth: 11 dec 1977 Corporate Resolution ID/Tax ID Number: 272142356 Passport: DL/ID#: 006647498 Entity Agencies Military ID Date of Issuance: Mexican Consulate **Business financial Statement Expiration Date:** State of Issuance: Partnership Agreement Expiration: Dec 11, 2024 Type Fin'l S't Resident Alien ID: Address: 106 Chevalier Blvd Section III On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s)) DBA Address Address of location inspected: Legal Address ■ URL listed in eCommerce addendum Other Address: Does name posted at business match name on application Ves No Does inventory volume appear to be sufficient? Yes No Does location have appropriate business signage Yes No Are store hours posted? ■ Yes □ No Number of employees:/td> Did you view merchant's inventory? Yes No Get Samples? Yes No Did you get Interior/exterior photos? Yes No Was inventory consistent with merchant's type of business?
Yes Comments: * Signature of Sales Representative: Date * By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable. Principal Information Principal's Date of Birth Ownership % of Time Social Security # (Processor's privacy Residential Address Residential Phone % / Years Name Spent In policy for collection and use of social (City, State, Zip) **Business** security numbers can be found at www.securebancard.com) 106 Chevalier Blvd, Lafayette, LA, 100/11 vrs *****7580 3372544335 Jeromy Young Owner 70503 Bank Information Name of Financial Institution Account number Routing # Phone # Contact Date Opened *****6348 Hancock Whitney 065400153 *AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK ☐ Checking account ☐ Savings account ☐ Bank GL account Please select one for ACH account type listed above: Trade / Business References Trade Name Account # Product Sold Phone #' (No 800 #s) None None None None lone None Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:

uSign Envelope ID: 83E180/	A5-7653-481F	-8B6F-0522A1C4DEC8		(7 ^{DS} 47	Merchant initials	JΥ
Processing Information				(* 1		
Card Types Accepted:	All D JCB ² Ame	isa/MasterCard/Discover Cards iscover Cards * rican Express ** rs/Carte Blanche**	☐ Vis ☐ Ma ☐ Vis	asterCard Credit Card sa Credit Cards and B asterCard Debit cards sa Debit cards only N Based Debit/EBT C	only	,
Projected total annual sales \$ Projected Visa/MC/DISC/Ame: Monthly \$20000.00 Annual \$ Projected Visa/MC/DISC/Ame: \$5000.00	x Sales	Electronic card-swiped transac Electronic key-entered (with im Electronic card not present (w/ OR Touch-tone card not present (v Touch-tone card not present (r Mail/Telephone Order (card not eCommerce (card not present)	nprints) fout imprints) with imprints) no imprints) ot present)	90 % 10 % None % None % None % None %	Do you use a 3rd	nex ticket size 300 I party fulfillment No Yes If "yes" ne and phone nu
		NOTE: TO	OTAL (must equal 1	100%)		
			7 <u></u>			
	V), audio tape (R	oply copy of print advertising, catalog adio or IVR), and Web-page screen p gnature? No Yes			Do you bill your custome shipped? If yes, how ma 3-30 days 31-60 do Over 90 days	any days? 🔲 0-2 d
How do you advertise? Yell	ow pages Tele	marketing Catalog Internet V	Nord of mouth Pu	ıblications Mass/Di	rect mail Other	
Have you ever accepted credit statements. If you are a MO/To	cards before?	Yes No If Yes: Processor Name merchant, please provide most rece	ent 6 months of proc	(Please provide	the most recent 3 months	s of processing
•			·	cooling statements.)		
Actual chargeback volume for	most recent 3 mc	nths \$	i months \$			
None List the names of each of yo	ur independent	contractors or agents or merchant	servicers that will	have access to card	holder data:	
Merchant Owns Leases L	ocation(s)?		How long at cur	rent locations(s)?:		
Name/address of mortgage hold	er/landlord:					
Other significant Merchant Conta	acts with third par	ies:				
American Express						
Existing Accounts:	vments, and volu	AXP volume is less than \$1MM annu	ually you must subr	mit your existing AYD+	t We will assign you a new	w AYP # for this
account. Existing AXP SE #:			adily, you must subi	THE YOUR CAISING FOR T	. We will assign you a ne	WAXI # IOI UIIS
If you currently accept AXP pa	yments in excess	of \$1MM annually, please provide ye	our existing AXP#, s	o so we can convey t	his to AXP on your behalf.	
		and your annual volume is less than	\$1MM, if you reques	st AXP, we will assign	you an AXP # for this acc	ount, so you can
If you do not currently have an	AXP #, and your	annual volume is more than \$1MM,	we will contact AXP	on your behalf.		
offers or promotions of AXP pr	oducts or service	MM annually, you may be moved direst from AXP via offline or on-line mease some time, consistent with applicate	ns (such as tradition	al mail and telephone), please contact custome	
Call Secure Bancard, LLC Cus	stomer Service at	1-855-271-1500				
Marchant has the right not to a	occent all Card As	sociation card types. Some Boint Of	Sale software and n	rograme cannot probi	hit the accentance of anot	cific types of nove
		sociation card types. Some Point Of ty to enforce this. If you request AXP	·		· · · · · · · · · · · · · · · · · · ·	

** 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 SCHEDULE

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** Equipment Options							_			
Madal		Other	Purchase	Purchase	4	Dont	Purchase Other Source	Merchant		Drice
Model Terminal		Qty	New	Refurbishe	<u>a</u>	Rent	Other Source	Owned	\$	Price
Terminal									\$	
Printer									\$	
PIN Pad Imprinter			Purchase Only						\$	
Other			Fulctiase Offiy						\$	
									\$	
	L 1111 1	-1-1141 4 41								
Shipping, handling and tax will be a Equipment Billing to:	oillea in ad		equipment price listed Merchant Agent C							
Ship Equipment to:			BA Legal Agent							
Send Welcome Kit to:			BA Legal Agent	N/A						
Merchant training provided by:		P	Processor Agent	Other:						
SERVICE ACCEPTANCE AND F	EE SCHE	DULE								
Discount Rates Interchange Pa	ss Through	Discount Rate	e % Per Item \$	S	Association	Dues & Asse	ssments Pass Through			
Day 4	٥,	Down to	D. I. O		1 0/	D	D. I. O		0/	
Rate 1	%		Rate 2		%	Per Item \$	Rate 3		%	Per Item \$
Visa Qual Credit	3.84		Visa Mid-Qual Credit				Visa Non-Qual Credit			
Master Card Qual Credit	3.84		Master Mid-Card Qual Credit				Master Non-Card Qual Credi			
Discover Network - PayPal Qual Credit	3.84		Discover Netword - PayPal N				Discover Network - PayPal N			
American Express Qual Credit	3.84		American Express Mid-Qual	Credit			American Express Non-Qual	Credit		
Visa Qual Debit	3.84		Visa Mid-Qual Debit				Visa Non-Qual Debit			
Master Card Qual Debit	3.84		Master Card Mid-Qual Debit				Master Card Non-Qual Debit			
Discover Network - PayPal Qual Debit	3.84		Discover Network - PayPal N	ild-Quai Debit			Discover Network - PayPal N	ion-Quai Debit		ı.
Pin Debit			EBT				Star		\$1 per mont	ın
Rewards Pricing										
Visa Rewards (Discount Rate \$ 3.8	⁴ Per It	tem <u>0.00</u>		MC W	orld Card (I	Discount Rat	e \$ 3.84 Per Item 0.0	00		
Amex Rewards (Discount Rate \$ 3	.84 Dor	Item ^{0.00}		Diago	vor Doword	o (Diocount I	Rate \$ 3.84 Per Item	0.00		
Amex Newards (Discount Nate 4_	F CI	item		Disco	vei itewaiu.	3 (Discount i	tate \$ Fer item			
Non-Bankcard Types Accepted										
JCB Card %	Diners	s Carte Bland	che%	Amer	ican Expres	ss Discount	rate% O	R		
Monthly Flat Fee: \$		Monthly Gro	ss Pay 🔲 Daily G	Fross Pay	Retail \$	Trans Fe	e + % OR 🗌			
N Est. Annual Amex Volume: \$	one		Eat Aug	erage Amex T	Non	е				
Est. Allitual Alliex Volullie. \$_			ESI. AVE	erage Amex i	ιτκει. φ <u></u>					
AMEX Pay Frequency 🔲 3 c	lay	15 day	30 day Amex	Fees disclose	d in this se	ction are bi	lled by American Exp	ress		
Miscellaneous Fees:										
0.00			0.00		0.00		0.00			
Monthly Statement Fee \$	Applica	tion/Setup F	ee \$ ACH Reje	ect/Change Fe	ee \$	Online Me	rchant Portal \$	monthly		
Chargeback/Retrieval Fee \$ 15.	<u>00/12</u> . @ ach	Monthly M	linimum: \$ <u>0.00</u> V	oice Auth/AR	U Fee \$ None	ACH E	Batch Fee \$ <u>0.00</u>	each		
			0.00	0.00		0.0	10	0.00		
ACH Debit \$1.00 Upon Accoun	t Approv	al AVS Fee \$	each CVV2 F	ee \$	Tokenizati	ion Fee \$	0 each Annual Fee \$_			
				0.00			0.00			
** Administrative Maintenance	Fee \$ 29.0	monthly	/ ** PCI Non Complia	nce Fee \$	monthly	y ** Gatewa	y Fee \$ month	ıly		
0.00										
Monthly bill minimum:										
				-						
None None ** Other \$ per	Descrip	tion	**	None Other \$	Nor per	ne Descr	ription			
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None month				None		nth _				
** Other \$ per	_ Descrip	tion	**	Other \$	per	Descr	ription			
Early Termination Fee: \$	** 50	l monthle F	0.00							
Early Termination Fee: \$	PC	I monthly Fe								
0.00 Authorization Fees: \$	America	ın Express \$	0.00 MasterCard	0.00 I.\$ Vi	0.00 sa \$	Discover	\$			
Authorization Fees. 9	Amenda	nı ⊏vhicəə ∌	iviaster Caru	Ψ V I	σα ψ	_ DISCOVE	₩			

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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7 7	Merer

Merchant initials	J١

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eCommerce Applica	eCommerce Application Addendum								
Number of e-Comm	erce websites:		(If more than	1, complet	e, initial	and attach an additiona	al copy of this page for each additi	onal website)	
Website URL:	www.gallery912.com	Website serv	ver IP	None	Website DBA:				
Customer Service:	email address:	jeromy@gal	lery912.com	Telepho	ne:	3372352915	List all links to other website	s:	
Web Hosting Service	ce Name:			Address	:		Contact Telephone:		
Fullfillment House	Name:			Address	:		Contact Telephone:		
How do you advert	ise:				(Attac	h samples; e.g., cata	log/print/broadcast/telemarket	ing script)	
Do you bill customer's card before shipping product or performing service? If Yes, how many days before?									
What is your return/refund policy? Website Security Method:									
Digital Certificate Is	ssuer:				Digital Cert No(s)/Exp Date(s) Oweners			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 ther documents bearing Merchant's and Guarantor(s)'s sign

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

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

MERCHANT SIGNATURES		GUARANTOR SIGNATURES	
	5/21/2024		5/21/2024
DocuSigned by:	May. 21, 2024	X 1) Docustigned by:	May. 21, 2024
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Jeromy Young	Owner	Jeromy Young	
Print Name	Title	Print Name (No Titles)	
X 2)		X 2)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
X 3)		X 3)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
FOR INTERNAL USE ONLY			
X)		X)	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

Merchant Beneficial Owner(s), of the Merchant Information Certification: The following information and certifications concerning beneficial 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 including any Patriot Activation forms and taxpayer identification/withholding forms included therein or prescribed forms of Merchant Application including any Patriot Activation forms and taxpayer identification/withinolding 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 regresentative.) 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 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 Bancard's privacy policy can be

Section 1: Merchant Ap May. 21, 2024	plication Information	(Must match information in Merchant Application): Date Applicati	ion Signed	(by Authorized Signer named below):
Merchant Legal Name:	Jeromy Young	Merchant Federal Tax ID (as it appears on income tax return): _	None	Merchant State of formation/Incorporation:
LA Merchant Address:	106 Chevalier Blvd,	Lafayette, LA, 70503		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 Jeromy Young	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 106 Chevalier Blvd	City, State, Zip Lafayette, LA, 70503			Date of birth 11 dec 1977
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Identification No. (ITIN): *******7580			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 15 feb 2024	Expiration Date 11 dec 2024	Number on ID: 006647498
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		1	% 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		1	% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip Lafayette, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ☐ No	(SSN)/Individual Taxpayer 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 Jeromy Young	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 106 Chevalier Blvd	City, State, Zip Lafayette, LA, 70503			Date of birth 11 dec 1977
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Identification No. (ITIN): ******7580			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 15 feb 2024	Expiration Date 11 dec 2024	Number on ID: 006647498

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.

		10 4.	5/21/2024	Jeromy Young	DocuSigned by: Anna Bourgeois	5/21/2024
Anna Bourgeois	2024	Authorized Signer Signature	Date Signed	Authorized Signer Printed Name		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: 83E180A5-7653-481F-8B6F-0522A1C4DEC8

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

(706) 649-4900 Acquirer Phone:

Important Member Bank (Acquirer) Responsabilities:

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

Important Merchant Responsibilities:

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

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

Merchant Signature	
DocuSigned by: OC949637CB214FC Merchant's Signature	5/21/2024
	May. 21, 2024
	Date
Joromy Voung	0.000
Jeromy Young	Owner
Merchant's Printed Name	Title