



Secure Bancard, LLC
 1500 Abbey Court | Alpharetta, GA 30004
 1-855-271-1500

SYNOVUS BANK (Merchant Bank)
 1125 First Avenue, Columbus, GA 31901
 706-649-4900

APPLICATION FOR MERCHANT AGREEMENT

Processor's Sales Rep Name: Impact PaySystem CP

Business Information

<u>Coleman Taylor Germantown Inc</u>			<u>Coleman Taylor Transmission - Cordova</u>		
Merchant Legal Business Name			DBA Name		
<u>7981 Fischer Steel Rd</u>			<u>7981 Fischer Steel Rd</u>		
Mailing Address					
<u>Cordova</u>	<u>Tennessee</u>	<u>38018</u>	<u>Cordova</u>	<u>Tennessee</u>	<u>38018</u>
City	State	Zip	City	State	Zip
<u>9017542832</u>			<u>9017542832</u>		
Legal Phone #	Legal Fax #		DBA Phone #	DBA Fax #	
<u>621272742</u>					
	<u>32</u> Yrs. <u>32</u> Mos.	<input type="checkbox"/> New business <input type="checkbox"/> New owner	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	List months	
Federal Tax ID # (Must be 9 digits)	Length	Owned	Business License	Date Opened:	<u>01 may 1991</u>
Merchant State registration		E-mail Address:	<u>colemantaylorfs@gmail.com</u>	Web site Address:	
Any prior	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes: <input type="checkbox"/> Personal <input type="checkbox"/> Business	If yes, how long		
Type of	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Corp, check one: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non <input type="checkbox"/> Other				

Business Type

Retail Restaurant Lodging Service Internet % Mail % Tel % Bus-to-Bus %

Description of Business

Detailed Description of Business (including products/services; card charging policies; delivery methods; whether own/finance inventory---provide separate pages if needed):
Transmission Repairs

Mailing Address (select Legal DBA Location Contact: Chris Bass Phone #: 9017542832

Refund/Return Policy

No refund Refund in 30 days or less Merchandise Other: _____

American Express Disclosure

The "NCR" party listed throughout this Application and the Merchant Agreement is your acquirer for American Express, or will convey American Express sales on your behalf:

NCR Payment Solutions, LLC
 864 Spring Street, Atlanta, GA 30308

X _____ Nicholas Coleman / Owner Sep. 07, 2022
 Merchant Signature Print Name/Title Date:

Patriot Act / Site Survey							
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 1: Business Form of Identification		Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:	
		Business Name:					
Govt Issued Business License	<input checked="" type="checkbox"/>	Date and Place of Issuance:		Drivers License:	058207811	Name:	Nicholas Coleman
Tax Return	<input type="checkbox"/>			State ID:		Date of Birth:	11 Jan 1965
Corporate Resolution	<input type="checkbox"/>	ID/Tax ID Number:	621272742	Passport:		DL/ID#:	058207811
Entity Agencies	<input type="checkbox"/>			Military ID:		Date of Issuance:	
Business financial Statement	<input type="checkbox"/>	Expiration Date:		Mexican Consulate ID:		State of Issuance:	None
Partnership Agreement	<input type="checkbox"/>					Expiration:	Apr 16, 2028
		Type Fin'l S't		Resident Alien ID:		Address:	310 Laurel Falls Cv
Section III							
<input type="checkbox"/> On site visit done by Sales Rep		<input type="checkbox"/> Business Consistent with Application (including any e-Commerce addendums(s))					
Address of location inspected:		<input type="checkbox"/> DBA Address	<input type="checkbox"/> Legal Address	<input type="checkbox"/> URL listed in eCommerce addendum	<input type="checkbox"/> Other Address:		
Does name posted at business match name on application <input type="checkbox"/> Yes <input type="checkbox"/> No				Does inventory volume appear to be sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does location have appropriate business signage <input type="checkbox"/> Yes <input type="checkbox"/> No				Are store hours posted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of employees: /td>			
Did you view merchant's inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No		Get Samples? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you get Interior/exterior photos? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was inventory consistent with merchant's type of business? <input type="checkbox"/> Yes <input type="checkbox"/>				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 Name	Title	Date of Birth	Ownership % / Years	% of Time Spent In Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebancard.com)	Residential Address (City, State, Zip)	Residential Phone #
Nicholas Coleman	Owner		100/32 years		*****1845	310 Laurel Falls Cv, Eads, TN, 38028	9012372520
Bank Information							
Name of Financial Institution		Account number		Routing #	Phone #	Contact	Date Opened
First Horizon		****3922		084000026			
*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							
Please select one for ACH account type listed above: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Bank GL account							
Trade / Business References							
Trade Name	Account #	Product Sold	Phone # (No 800 #s)				
None	None		None None				
None	None		None None				
Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:							

FEE SCHEDULE

** Equipment Options									
Model	Qty	Purchase New	Purchase Refurbished	Rent	Purchase Other Source	Merchant Owned		Price	
Terminal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Terminal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Printer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
PIN Pad		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Imprinter		Purchase Only							
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to: Merchant Agent Other

Ship Equipment to: DBA Legal Agent Other:

Send Welcome Kit to: DBA Legal Agent N/A

Merchant training provided by: Processor Agent Other:

SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates Interchange Pass Through Discount Rate 0.30 % Per Item \$ 0.05 Association Dues & Assessments Pass Through

Rate 1	%	Per Item \$	Rate 2	%	Per Item \$	Rate 3	%	Per Item \$
Visa Qual Credit			Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit	0.30	0.05	Master Mid-Card Qual Credit			Master Non-Card Qual Credit		
Discover Network - PayPal Qual Credit			Discover Network - PayPal Mid-Qual Credit			Discover Network - PayPal Non-Qual Credit		
American Express Qual Credit			American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit			Visa Mid-Qual Debit			Visa Non-Qual Debit		
Master Card Qual Debit			Master Card Mid-Qual Debit			Master Card Non-Qual Debit		
Discover Network - PayPal Qual Debit			Discover Network - PayPal Mid-Qual Debit			Discover Network - PayPal Non-Qual Debit		
Pin Debit			EBT			Star		\$1 per month

Rewards Pricing

Visa Rewards (Discount Rate \$ <u> </u> Per Item <u> </u>)	MC World Card (Discount Rate \$ <u> </u> Per Item <u> </u>)
Amex Rewards (Discount Rate \$ <u> </u> Per Item <u> </u>)	Discover Rewards (Discount Rate \$ <u> </u> Per Item <u> </u>)

Non-Bankcard Types Accepted

JCB Card % Diners Carte Blanche% American Express Discount rate% OR

Monthly Flat Fee: \$ Monthly Gross Pay Daily Gross Pay Retail \$ Trans Fee + % OR

Est. Annual Amex Volume: \$ None Est. Average Amex Ticket: \$ None

AMEX Pay Frequency 3 day 15 day 30 day **Amex Fees disclosed in this section are billed by American Express**

Miscellaneous Fees:

Monthly Statement Fee \$ 44.95 Application/Setup Fee \$ None ACH Reject/Change Fee \$ 25.00 Online Merchant Portal \$ None monthly

Chargeback/Retrieval Fee \$ 25.00/15.00 each Monthly Minimum: \$ None Voice Auth/ARU Fee \$ None ACH Batch Fee \$ None each

ACH Debit \$1.00 Upon Account Approval AVS Fee \$ None each CVV2 Fee \$ None each Tokenization Fee \$ None each Annual Fee \$ None

** Administrative Maintenance Fee \$ None monthly ** PCI Non Compliance Fee \$ None monthly ** Gateway Fee \$ None monthly

** Other \$ None per None Description ** Other \$ None per None Description

Early Termination Fee: \$ None ** PCI monthly Fee \$ None

Authorization Fees: \$ 0.05 American Express \$ 0.05 MasterCard \$ 0.05 Visa \$ 0.05 Discover \$

See Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

eCommerce Application Addendum					
Number of e-Commerce websites:		<i>(If more than 1, complete, initial and attach an additional copy of this page for each additional website)</i>			
Website URL:		Website server IP Address:	None	Website DBA:	
Customer Service: email address:	colemantaylorfs@gmail.com	Telephone:	9017542832	List all links to other websites:	
Web Hosting Service Name:		Address:		Contact Telephone:	
Fulfillment House Name:		Address:		Contact Telephone:	
How do you advertise:		(Attach samples; e.g., catalog/print/broadcast/telemarketing script)			
Do you bill customer's card before shipping product or performing service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many days before?			
What is your return/refund policy?		Website Security Method:			
Digital Certificate Issuer:		Digital Cert No(s)/Exp Date(s)		Ownership <input type="checkbox"/> Shared <input type="checkbox"/> 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 signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

AMERICAN EXPRESS - In the event I am not eligible for NCR 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 NCR, 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 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 1-800-528-5200. 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**

<p>X 1) _____ Sep. 07, 2022</p> <p>Principal/Owner for Merchant Date</p> <p>Nicholas Coleman Owner</p> <p>Print Name Title</p>	<p>X 1) _____ Sep. 07, 2022</p> <p>Guarantor Signature (No Titles) Date</p> <p>Nicholas Coleman</p> <p>Print Name (No Titles)</p>
<p>X 2) _____</p> <p>Principal/Owner for Merchant Date</p> <p>Print Name Title</p>	<p>X 2) _____</p> <p>Guarantor Signature (No Titles) Date</p> <p>Print Name (No Titles)</p>
<p>X 3) _____</p> <p>Principal/Owner for Merchant Date</p> <p>Print Name Title</p>	<p>X 3) _____</p> <p>Guarantor Signature (No Titles) Date</p> <p>Print Name (No Titles)</p>

FOR INTERNAL USE ONLY

<p>X) _____</p> <p>Accepted by Processor Date</p> <p>Print Name Title</p>	<p>X) _____</p> <p>Accepted by Merchant Bank Date</p> <p>Print Name Title</p>
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Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for 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 found at <http://www.securebancard.com/Privacy%20Policy.pdf>

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below):
Sep. 07, 2022

Merchant Legal Name: Nicholas Coleman Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation:
TN Merchant Address: 310 Laurel Falls Cv, Eads, TN, 38028 Merchant Entity Type
Corporation

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	Title				% of Legal Entity Ownership: 100 %
Nicholas Coleman	Owner				
Individual's Home (Street) Address (No P.O. Box) 310 Laurel Falls Cv	City, State, Zip Eads, TN, 38028				Date of birth 11 jan 1965
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): *****1845				Control Prong? <input checked="" type="checkbox"/>
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 ± _____	State/Country of Issuance TN	Date Issued 16 apr 2020	Expiration Date 16 apr 2028	Number on ID: 058207811	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/>
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 ± _____	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip , ,				Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/>
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 ± _____	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip Eads, ,				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):				Control Prong? <input type="checkbox"/>
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 ± _____	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:	
Control Prong (and/or additional Beneficial Owner) Legal Name Nicholas Coleman	Title Owner				% of Legal Entity Ownership: 100 %
Individual's Home (Street) Address (No P.O. Box) 310 Laurel Falls Cv	City, State, Zip Eads, TN, 38028				Date of birth 11 jan 1965
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): *****1845				Control Prong? <input checked="" type="checkbox"/>
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 ± _____	State/Country of Issuance TN	Date Issued 16 apr 2020	Expiration Date 16 apr 2028	Number on ID: 058207811	

*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.

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.

Sep. 07,
2022

Nicholas Coleman

Authorized Signer
Signature

Date Signed

Authorized Signer Printed Name

Processor's Rep.
Signature

Date Signed

Processor's Rep. Printed Name

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) 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

_____	Sep. 07, 2022
Merchant's Signature	Date
Nicholas Coleman	Owner
Merchant's Printed Name	Title