

Front Cover Sheet

Business (DBA): THE HUGH BOUTIQUE BB
Contact First Name: SANDRA
Contact Last Name: VIZZONE
Business Address: 653 WASHINGTON ST
City: CAPE MAY State: NJ Zip: 08204
Business Phone #: 609-435-5458
Rep Number: _____

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.

Complete Company Application Sales Worksheet (1 page)

Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

- "Certified" Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- Same Additional Requirements as Card Not Present company
- Internet Requirements
 - Company's name must be displayed on the website
 - Clear posting of the company's Customer Service Telephone Number / email address
 - Refund/Return policy
 - Delivery methods and timing
 - Privacy policy
 - Products/Service prices listed
 - Secure Checkout page
 - Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION

1	COMPANY INFORMATION		
◆ DBA NAME: THE HUGH BOUTIQUE BB			
CONTACT NAME: SANDRA VIZZONE			
◆ DBA ADDRESS TYPE:	◆ DBA ADDRESS1 (NO PO BOX): 653 WASHINGTON ST		
DBA ADDRESS 2:			
◆ CITY: CAPE MAY	◆ STATE: NJ	◆ ZIP CODE: 08204	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA			
◆ BUSINESS COUNTRY OF FORMATION: USA		◆ DBA PHONE #: 609-435-5458	
◆ EMAIL ADDRESS: concierge@thehughinn.com		DBA FAX #:	
YEAR ESTABLISHED: FEB 2020		MOBILE PHONE #: 973-953-9465	
◆ LENGTH OF CURRENT OWNERSHIP: YEARS, 6 MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			

2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

STATEMENTS/ RETRIEVALS /CHARGEBACKS	
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9	AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)
RETRIEVALS: <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:	OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING
CHARGEBACKS: <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:	OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING

3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)		
◆ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 100 %			<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR
◆ ADDITIONAL BENEFICIAL OWNERS?	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE: IF OTHER:	
◆ FIRST NAME: SANDRA	◆ MIDDLE NAME:	◆ LAST NAME: VIZZONE	
◆ ADDRESS TYPE:	◆ ADDRESS (NO PO BOX): 653 WASHINGTON ST		
◆ CITY: CAPE MAY	◆ STATE/PROVINCE: NJ	◆ ZIP/POSTAL CODE: 08204	◆ COUNTRY: USA
◆ DOB: 04/04/59	◆ US PERSON: YES	◆ PHONE #: 973-953-9465	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: SSN 1A9-60-5091	◆ ID #: V47796896154592	◆ IF OTHER - ID TYPE:	
◆ IF OTHER ID #:	◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT: STATE ID	◆ ISSUING COUNTRY (IF APPLICABLE):	◆ ISSUING STATE (IF APPLICABLE):	
◆ DOCUMENT #:	◆ ISSUE DATE: 7-12-2018	◆ EXPIRY DATE: 04-04-2022	

OTHER COMPANY INFORMATION		
◆ AVERAGE SALE AMOUNT: \$ 500.00	<input type="checkbox"/> CARD PRESENT 100% OMNI COMMERCE (MUST TOTAL 100%) <input type="checkbox"/> CARD NOT PRESENT 100%* CARD PRESENT 80 % <input type="checkbox"/> INTERNET 100%* CARD NOT PRESENT* 20 % <input type="checkbox"/> OMNI COMMERCE INTERNET* 0 %	
◆ HIGH SALE AMOUNT: \$ 4000.00		
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:	◆ INTERNET: PRODUCT WEBSITE:	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 500000	◆ INTERNET: "CONTACT US" EMAIL: concierge@thehughinn.com	
◆ ANNUAL REVENUE: \$ 600000	◆ CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
◆ INDUSTRY TYPE: HOSPITALITY	◆ CUSTOMER SERVICE PHONE #: 609-435-5458	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: BED & BREAKFAST	◆ PREVIOUS PROCESSOR: NO	
SPECIAL PROGRAM MCC ONLY:		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)		
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)		
<input type="checkbox"/> JANUARY <input type="checkbox"/> FEBRUARY <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER <input type="checkbox"/> NOVEMBER <input type="checkbox"/> DECEMBER		

VS Initials

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)

◆ DEPOSIT BANK NAME: CENTRIC BANK ◆ ABA/ROUTING #: 031315269 ◆ DDA ACCOUNT #: 1147792
 BILLING/CHARGEBACK BANK NAME (IF DIFFERENT): ABA/ROUTING #: DDA ACCOUNT #:
 TAPE ID (OPT): FAST TRACK FUNDING

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)

ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*

 VISA CREDIT VISA DEBIT MASTERCARD CREDIT MASTERCARD DEBIT DISCOVER* UNIONPAY AMEX

PRICING CATEGORY
 RETAIL MOTO/INTERNET
 RESTAURANT ARU
 LODGING OMNI COMMERCE
 SUPERMARKET (TIERED & EICP ONLY)

PRICING INFORMATION

RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.

	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___
MID QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___
NON QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___
OTHER TIER	<input type="checkbox"/> CHECK CARD (T-opt/EIC-req)	<input type="checkbox"/> SPRMKT (T-opt/EIC-NA)	<input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)		
REWARDS TIER (T-opt/EIC-req)	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___
COMMERCIAL CARD TIER (T-opt/EIC-req)	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___

FEES

APPLICATION FEE	\$0.00
INSTALLATION/TRAINING	\$0.00
RETURN ITEM FEE/NSF (PER OCCUR)	\$10.00
ACCOUNT MAINTENANCE	\$0.00
CHARGEBACK (PER OCCUR)	\$15.00
ANNUAL FEE START DATE:	\$0.00
MONTHLY MINIMUM	\$0.00
MONTHLY SERVICE FEE	\$9.95
OTHER:	\$
OTHER:	\$
OTHER:	\$
OTHER:	\$

PASS THRU:
 IC PLUS IC DIFF
 MARKUP

	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
MARKUP	0.35% + \$0.00	0.35% + \$0.00	0.35% + \$0.00	0.35% + \$0.00	0.35% + \$0.00

DIFFERENTIAL

	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___
NON QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___

*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE**
 **PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.

AUTHORIZATIONS (PER OCCURRENCE)

VISA	\$0.10	UNIONPAY	\$0.10	VOICE AUTH TOUCH TONE	\$0.75
MASTERCARD	\$0.10	WEX	\$0.10	VOICE- OPERATOR ASSISTED	\$0.95
DISCOVER	\$0.10	DIAL COMMUNICATION	\$0.10	VOICE - WITH AVS	\$2.20
AMEX	\$0.10	OTHER:	\$0.10	VOICE - BANK REFERRAL	\$4.50

SAFE T SERVICES BUNDLE

ASSOC COMPLIANCE
 SAFE T SILVER
 SAFE T GOLD
 SAFE T SOLO
 Per month, taxes and other fees may apply, see company representation and certifications) \$8.00

PIN DEBIT

MONETARY: PASS THROUGH (ICDIF) PASS THROUGH (ICPLS)* SURCHARGE (FLAT RATE) AUTH: PASS THROUGH (INTERCHANGE PLUS MARKUP) FIXED (FLAT RATE)

APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) 0.35% + \$0.00 AUTH \$ 0.10

INTERLINK ___% + \$___ AUTH \$___	MAESTRO ___% + \$___ AUTH \$___	UPDBT ___% + \$___ AUTH \$___	ACCEL ___% + \$___ AUTH \$___
AFFN ___% + \$___ AUTH \$___	ALASKA ___% + \$___ AUTH \$___	CU24 ___% + \$___ AUTH \$___	NETS ___% + \$___ AUTH \$___
NYCE ___% + \$___ AUTH \$___	PULSE ___% + \$___ AUTH \$___	SHAZAM ___% + \$___ AUTH \$___	STAR ___% + \$___ AUTH \$___

*A PIN DEBIT ENABLEMENT SERVICE PER ITEM FEE WILL BE BILLED BASED ON THE REQUIREMENTS FOUND IN THE COMPANY REPRESENTATIONS AND CERTIFICATIONS SECTION 5 FOR IC PLUS PRICING METHOD ONLY.

OTHER CARD TYPES EXISTING

AMEX SE # (10 DIGITS):	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)
OTHER SE #:	PER AUTH: \$	OTHER SE #:	PER AUTH: \$	<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)

POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWORK: ELAVON OTHER

A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:

Authorize.net - TSYS VAR

COMMUNICATION METHOD (IP DEFAULT): DIAL

VAR SERVICE PROVIDER (HOSTED): *TSYS*

VAR (DISTRIBUTED): VENDOR: *TSYS*

PRODUCT:

VERSION:

OF TIDS

TID TYPE OMNI ONLY:

OF TIDS

TID TYPE OMNI ONLY:

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	<i>POYNT WIFI</i>	<i>MER</i>		\$0.00	\$10.00	\$0.00	\$0.00	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONVERGE HOSPITALITY

MONTHLY FEE: \$

SATURDAY DELIVERY

NEXT DAY AIR

2ND DAY AIR

ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED.

SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

ELAVON BILLS ONE TIME FEES

Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Servicer, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.

ADDITIONAL POS SERVICES:

DESCRIPTION

SETUP FEE

ANNUAL FEE

MONTHLY FEE

PER AUTH FEE

\$

\$

\$

\$

\$

\$

\$

\$

SOFTWARE/WIRELESS

RENTAL EQUIPMENT:

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	MONTHLY RATE PER UNIT	ANNUAL FEE PER UNIT	MONTHLY FEE PER UNIT	SETUP/ SIM CARD FEE PER UNIT	PER AUTH FEE
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below.

TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)

- RETAIL (AUTO CLOSE DEFAULT) QUICK CLOSE STORE AND FORWARD NO SIGNATURE CONTACTLESS (+ NO SIGNATURE)
- RESTAURANT (QUICK CLOSE DEFAULT) TIP FUNCTION (DEFAULT) FINE DINING TAB FUNCTION
- CARD NOT PRESENT (AUTO CLOSE DEFAULT) QUICK CLOSE LODGING (QUICK CLOSE DEFAULT) QUICK STAY SEMI INTEGRATED

TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ CASH BACK PIN DEBIT (RTL): \$ _____ (MAX)

CUSTOM FOOTER: _____

CUSTOM PROMPTS:
(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)

NO TIP (REST) NO SERVER PROMPT (REST) CLERK PROMPT (RTL) REMOVE SECURITY PROMPTS (FORM REQUIRED) TIP FUNCTION WAITER (RTL)

TIP FUNCTION CASHIER (RTL)

TRAINING (DEFAULT = NO TRAINING):

TRAINING

PHONE INFORMATION: ACCESS #:

CONTACT NAME:

CONTACT PHONE #:

REPORT TOOLS

- MCP ONLY **OR** MCP WITH OCM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT
- ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

Vs Initials

SUBSTITUTE FORM W-9

SOLE PROPRIETOR C CORPORATION S CORPORATION PARTNERSHIP UNINCORPORATED ASSOCIATION
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) GOVERNMENT TRUST ESTATE
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D/C/S OR P)

LEGAL BUSINESS NAME*: Soul to Soul Estates LLC (IF LLC, PLEASE INDICATE D/C/S OR P)
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX): 653 Washington St OR TIN (EMPLOYER ID #): 84-4568925
 CITY: Cape May STATE: NJ ZIP: 08204 OR TIN (SOCIAL SECURITY #):

5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original. A PIN Debit Enablement Service Fee will be collected for any Interchange and Assessment savings generated through PIN Debit routing on your monthly PIN Debit transactions for Interchange Plus customers only. This monthly fee will be calculated from your actual PIN Debit transaction volume and will be a percentage of your overall PIN Debit cost savings. The PIN Debit Enablement Service Fee collected and the Interchange and Assessment savings will be reflected on your monthly statement.

* By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.
 **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this information provided about the beneficial owner(s) and/or the individual with control over the above named Company is complete and accurate.

SIGNATURE: X Sandra Vizzone PRINTED NAME: SANDRA VIZZONE TITLE: owner DATE: 06/02/2020
 SIGNATURE: X _____ PRINTED NAME: _____ TITLE: _____ DATE: _____

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X Sandra Vizzone PRINTED NAME: SANDRA VIZZONE DATE: 06/02/2020
 SIGNATURE: X _____ PRINTED NAME: _____ DATE: _____

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X Natasa Cijanovic PRINTED NAME: Natasa Cijanovic REP ID #: 41816 DATE: 06/02/2020
 REP PHONE #: 484-443-2905 REP EMAIL: info@tecolapayments.com ELAVON USA-MSP-ELV-1019

VS Initials

NEW COMPANY APPLICATION - VALUE ADDED SERVICES

(This page of the New Company Application is only required when enrolling for the Value Added Services listed below.)

COMPANY INFORMATION			
DBA NAME:			
CONTACT NAME:		DBA PHONE #:	
DBA ADDRESS 1 (NO PO BOX):		DBA ADDRESS 2:	
CITY:	STATE:	ZIP CODE:	
ELECTRONIC CHECK SERVICE			
▶ ANNUAL CHECK VOLUME: \$	▶ AVERAGE CHECK AMOUNT: \$	▶ MAXIMUM CHECK AMOUNT: \$	▶ ECS MONTHLY MINIMUM: \$
ECS- PAPER CHECK CONVERSION			
PROCESSING OPTIONS: <input type="checkbox"/> POP (POS IMAGE) <input type="checkbox"/> ARC (POS IMAGE) <input type="checkbox"/> BOC	<input type="checkbox"/> CONVERSION WITH GUARANTEE <input type="checkbox"/> CONVERSION W/ VERIFICATION OR <input type="checkbox"/> CONVERSION ONLY	GUARANTEE RATE: % PER TRANSACTION: \$ PER RETURN TRANSACTION: \$	<input type="checkbox"/> COLLECTIONS
ACH CHECK - CHECK NOT PRESENT (CNP)			
PROCESSING OPTIONS: <input type="checkbox"/> CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP INDIVIDUAL ENROLLMENT (CHOOSE ONE) <input type="checkbox"/> WEB - INTERNET INITIATED <input type="checkbox"/> PPD - PREARRANGED PAYMENT <input type="checkbox"/> TEL/IVR - TELEPHONE INITIATED <input type="checkbox"/> CCD - CORPORATE TO CORPORATE CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP		<input type="checkbox"/> ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$ PER RETURN TRANSACTION: \$ <input type="checkbox"/> ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ PER RETURN TRANSACTION: \$	
OTHER ECS CHECK CONVERSION SERVICES REQUESTED			
<input type="checkbox"/> PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE) <input type="checkbox"/> ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH PER MONTH		<input type="checkbox"/> NSF SERVICE FEE PROCESSING @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE NSF SERVICE FEE AMOUNT: <input type="checkbox"/> MAX ALLOWED OR <input type="checkbox"/> SPECIFIED SERVICE FEE AMOUNT \$____ (STATE MAX IS DEFAULT) ACH ECHECK NSF SERVICE FEE AMOUNT: <input type="checkbox"/> \$15 (DEFAULT) OR <input type="checkbox"/> SPECIFIED SERVICE FEE AMOUNT \$____ SPECIFY NSF RESUBMISSION ATTEMPTS: <input type="checkbox"/> 0 OR <input type="checkbox"/> 1 OR <input type="checkbox"/> 2 (2 IS THE DEFAULT)	
ACH CHECK QUESTIONNAIRE			
1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)? 2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? <input type="checkbox"/> Existing <input type="checkbox"/> New 4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? <input type="checkbox"/> Existing <input type="checkbox"/> New 5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FANFARE			
<input type="checkbox"/> SECONDARY MID - EXISTING MID/DBA: <input type="checkbox"/> GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW) SET-UP FEE: \$ _____ MONTHLY FEE (PER MID): \$ _____ <input type="checkbox"/> BASIC LOYALTY (NO CARDS) SET-UP FEE: \$ _____ MONTHLY FEE (PER MID): \$ _____ <input type="checkbox"/> BASIC GIFT (INDICATE CARD ORDER BELOW) SET-UP FEE: \$ _____ MONTHLY FEE (PER MID): \$ _____			
CARD ORDER & RE-ORDERS:			
CARD ORDER CARD QUANTITY PRICE		CARD TYPE PROMOTIONAL QUANTITY LOYALTY QUANTITY GIFT QUANTITY	
<input type="checkbox"/> CUSTOM <input type="checkbox"/> STANDARD		(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)	
ADDITIONAL OPTIONS:			
<input type="checkbox"/> MAX CARD VALUE \$ _____ (DEFAULT \$1000)			
STATE AND LOCAL TAXES MAY BE APPLIED TO FEES BILLED FOR FANFARE			
STANDARD CARD ORDER DETAILS			
CARD STYLE:		TEXT COLOR:	
JUSTIFICATION: <input type="checkbox"/> LEFT <input type="checkbox"/> CENTER <input type="checkbox"/> RIGHT <input type="checkbox"/> AS SUBMITTED			
IMPRINT: <input type="checkbox"/> LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: ARTWORK@ELAVON.COM OR <input type="checkbox"/> TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW) ♦ FONT (SELECT ONE): <input type="checkbox"/> Arial <input type="checkbox"/> Brush Script <input type="checkbox"/> Times New Roman ♦ Text Case (select ONE): <input type="checkbox"/> Title Case <input type="checkbox"/> UPPER CASE <input type="checkbox"/> lower case <input type="checkbox"/> As submitted			
FANFARE NOTES			
OTHER VALUE ADDED SERVICES			
<input type="checkbox"/> DYNAMIC CURRENCY CONVERSION (DCC):		DCC Conversion Rate: %	DCC Rebate: %
HEALTHCARE: <input type="checkbox"/> TRANSEND PAY RATE: 1.50% PAYMENT LIMIT \$ _____		Annual DCC Registration Fee: \$ _____	DCC Exchange Rate Source: US Bank
<input type="checkbox"/> CONVERGE BILLING AND INVOICING		CHARGE TYPE: 06663	MONTHLY FEE: \$ _____
SIGNATURE (Signature below is only required when enrolling for the Value Added Services listed on this page.)			

BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.

SIGNATURE _____ NAME & TITLE _____ DATE _____

SV Initials

SALES WORKSHEET

DBA: *The Hugh Boutique BB*

ACCOUNT DESIGNATION					
<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION / OF /	
PORTFOLIO CODE:	FI: <i>0542</i>	AGENT: <i>5904</i>	BANK: <i>3950</i>	MSP SHORT NAME: <i>MS IMPACT</i>	
CLIENT GROUP #: <i>17</i>	ENTITY: <i>45179</i>	REP #: <i>41816</i>		AWB:	
LEGAL VERIFICATION					
DOCUMENTARY IDENTIFICATION: <i>yes</i>			EVIDENCE OF LEGAL STATUS: <i>yes</i>		
DOCUMENT VALIDATION TYPE: <i>Certificate of Formation</i>			ISSUING STATE/PROVINCE: <i>NJ</i>	ISSUING COUNTRY: USA	
DOCUMENT #: <i>0450460843</i>		ISSUED DATE: <i>02/04/20</i>	EXPIRY DATE: <i>02/04/30</i>		
ONSITE INSPECTION: <i>yes</i>					
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:					
BUSINESS LOCATED IN: <input checked="" type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):					
<ul style="list-style-type: none"> I HAVE PHYSICALLY BEEN ON SITE MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 					
PERSON MET WITH:					
PRINTED NAME: <i>Nataša Cvijanović</i>		REP #: <i>41816</i>		DATE: <i>06/02/2020</i>	
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES:					