

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: iBuxx Impact

Tony Baker				Down Home Pet G	rooming	
Aerchant Legal Business Name				DBA Name		
904 Stags Leap Lane				584 Broadway Ave		
lailing Address				DBA Address (Physic	cal, No PO Boxes)	
New Johnsonville	Tennessee	37134		New Johnsonville		Tenness <mark>e</mark> e 37134
ity	State 2	Zip		City		State Zip
7314412308				9312098652		
egal Phone #	Legal Fax #	_		DBA Phone #		DBA Fax #
815203043	6 Y <sub>Yrs.</sub> 6	6 Y <mark>i</mark> Mos. 🗌 New b	ousiness 📃 New owner 🛛 S	Seasonal? 🗌 Yes 🗌 No 🛛 List	months	
ederal Tax ID # (Must be 9 digits)	Length Ov	vned			01 feb 2017	
			Business License	Date Oper	red:	
lerchant State registration		E-mail Address:	CNBAKER72@GMAIL.COM	Web site Address:		
ny prior	Ves If ves	Personal Rusi	ness If yes, how long			
isiness Type						
🛚 Retail 📃 Restaurant 📃 Lodging	Service	Internet % 🗌 N	Mail% 🗌 Tel	% 🗌 Bus-to-Bus	s <u> </u> %	
escription of Business						
escription of Business		cts/services; card cl	harging policies; delivery n	nethods; whether own/finance	inventoryprovide	e separate pages if need
escription of Business Detailed Description of Business (i Pet Grooming	ncluding produc	cts/services; card cl	harging policies; delivery n Candace Baker	nethods; whether own/finance Phone #	inventoryprovide	e separate pages if neec 9312098652
escription of Business Detailed Description of Business (i Pet Grooming	ncluding produc				inventoryprovide	
Scription of Business etailed Description of Business (i Pet Grooming lailing Address (select Le	ncluding produc				inventoryprovide	
Scription of Business etailed Description of Business (i Pet Grooming lailing Address (select Le	ncluding produc				inventoryprovide	
Scription of Business etailed Description of Business (i Pet Grooming lailing Address (select Le fund/Return Policy	ncluding produc	Location Contact: .			inventoryprovide	
escription of Business retailed Description of Business (i Pet Grooming lailing Address (select Le sfund/Return Policy No refund Refund in 30 days	or less	Location Contact: .	Candace Baker		inventoryprovide	
Scription of Business etailed Description of Business (i Pet Grooming ailing Address (select Le fund/Return Policy No refund Refund in 30 days herican Express Disclosure	or less Merce	Location Contact: .	Candace Baker	Phone #		9312098652
scription of Business etailed Description of Business (i Pet Grooming lailing Address (select Le fund/Return Policy No refund Refund in 30 days herican Express Disclosure	or less Merce	Location Contact: .	Candace Baker	Phone #		9312098652
Scription of Business etailed Description of Business (i Pet Grooming ailing Address (select Le fund/Return Policy No refund Refund in 30 days herican Express Disclosure he "NCR" party listed throughout CR Payment Solutions, LLC	or less Mero	Location Contact: .	Candace Baker	Phone #		9312098652
escription of Business Detailed Description of Business (i Pet Grooming Tailing Address (select Le Stund/Return Policy No refund Refund in 30 days nerican Express Disclosure the "NCR" party listed throughout ICR Payment Solutions, LLC	or less Mero	Location Contact: .	Candace Baker	Phone #		9312098652
escription of Business Detailed Description of Business (i Pet Grooming	or less Mero	Location Contact: .	Candace Baker	r for American Express, or wil		9312098652

Merchant initials TB

PATRIOT A	CT / Site Survey											
PATRIOT AC	TREQUIREMENTS - and record information ame, physical address er identifying docume	To help t	he governme	ent fight the f	funding of te	rrorism and	d money launde	ering activities,	the USA P	atriot Act requires	all financia	l institutions to
ask for your n	ame, physical addres	s, date of	birth, taxpaye	er identificat	ion number a	and other i	nformation that	will allow us to	identify yo	u. We may also a	isk to see yo	our driver's
license or oth	er identifying docume	nts. Comp	lete Sections	s I and II and	d III. (*In Se	ection II, Dr	iver's License r	required use	other ID on	ly if no Driver's L	icense issue	ed.)
Busines	Section 1: Business Form of Identification			Applicable Items Reviewed:		Section II: Individual Form of		Applicable Items Reviewed:				
			Business N	ame:			iu	entification				
	Business License		Date and P Issuance:	lace of			vrivers License:	0594271	.05	Name:		y Baker
Tax Return				lumaham. C	4 50000 40		tate ID:			Date of Birth:		oct 1965
Corporate Re			ID/Tax ID N	lumber: 8	315203043		assport: 1ilitary ID:			DL/ID#:		427105
Entity Agenci							lintary ID. Iexican Consul	ate		Date of Issuar		
	ncial Statement		Expiration [	Date:		ii		ale		State of Issuar		-
Partnership A	greement									Expiration:		28, 2028
			Type Fin'l S	6't		F	esident Alien II	D:		Address:	Lan	Stags Leap e
Section III										-		
On site vis	it done by Sales Rep		B	usiness Co	nsistent with	Applicatio	n (including any	v e-Commerce	addendum	s(s))		
-			-					·				
Address of	location inspected:		BA Address	Lega	al Address	URL	listed in eCom	imerce addend	um	Other Addres	SS:	
Does name p	osted at business mat	ch name	on applicatio	n 🗌 Yes 📃	No	Doe	s inventory volu	ume appear to	be sufficier	nt? 🗌 Yes 📃 No		
Does location	have appropriate bus	iness sigi	nage 🗌 Yes	No		Are	store hours pos	sted? 🔳 Yes 🗌	No Numb	per of employees:	/td>	
	merchant's inventory?				Yes N	o Did y	ou get Interior/e		P Yes	No		
Was inventor	y consistent with merc	hant's typ	e of business	s? Yes			Comments	:				
* Signature of	Sales Representative	e:					Date:					
* By signing a	hove you hereby ackr	nowledge	that the infor	mation lister	d herein is tri	ue and acc	urate and was	nersonally obs	erved on th	e indicated docu	ment and a	the indicated
address and (	bove you hereby ackr (in the case of informa	tion listed	below in the	e-Commerc	ce addendun	n(s)) indica	ited URL(s) as	applicable.			nong and a	
Principal Info	ormation	_		_								
Principal's	Title	Date of I	Birth	Ownership	% of Time	Social Se	curity # (Proces	sor's privacy		Residential Addr	ess	Residential
Name				% / Years	Spent In	policy for	collection and	use of social		(City, State, Zi	<b>)</b> )	Phone #
					Business	-	umbers can be					
						www.sec	urebancard.com	ı)				
Tony Baker	Owner			100/6 Years		******2832			904 Stag	s Leap Lane, New	Johnsonville,	9312098652
lony Ballon				200/0 1000		2002			TN, 3713	4		0012000002
Bank Inform	ation					_						
				A			Doutin	Dhar	11	Contont	Data Or	e el
	ncial Institution			Account nu	Inder		Routing #	Phone	Ħ	Contact	Date Open	eu
First Federal Ba	пк			*****4026			264171270					
								<u>, , , , , , , , , , , , , , , , , , , </u>				
	ZATION FOR AUTON			• •			•	,				
	ne account identified re <b>REQUIRED: ATTACH</b>	•		Count for the	e services co	ontemplate	u under this Ag	reement. Salu	authority is	granied to Merci	iant Bank S	processor and
their agents	S. REQUIRED. ATTACH	VOIDED	SHECK									
Please sele	ect one for ACH acco	ount type	listed above	e: 🗌 C	hecking ac	count 🗌 S	avings accou	nt 🗌 Bank GL	account			
					<b>,</b>		<b>J</b>					
Trade / Busi	ness References											
Trade Name		Accou	unt #		Product	Sold		Phone	#' (No 800	#s)		
None		None			Toduct	2014			None			
None		None						None				
		None						None				
Other husi	nesses in which mer	chart cr	a principal a	re now or	neviously k	ave hoos	involved as a	wnerlonarata	director			
	includes in which life	chant Of	a principal a		previously I	ave been	moliveu as o	menoperator	an color.			

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Processing Information			
Card Types Accepted:	<ul> <li>All Visa/MasterCard/Discover Cards</li> <li>All Discover Cards</li> <li>JCB**</li> <li>American Express **</li> <li>Diners/Carte Blanche**</li> </ul>	MasterCard Credit Card Visa Credit Cards and E MasterCard Debit cards Visa Debit cards only PIN Based Debit/EBT C	s only
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sales Monthly \$2200.00 Annual \$ Projected Visa/MC/DISC/Amex High T \$300.00	Electronic key-entered (with impr Electronic card not present (w/ou OR Touch-tone card not present (with icket Touch-tone card not present (no Mail/Telephone Order (card not present)	rints) <u>5 %</u> ut imprints) <u>None</u> % h imprints) <u>%</u> present) <u>None</u> %	Do you use a 3rd party fulfillment? No Yes If "yes" Contact name and phone number: Name:
	NOTE: TOT	AL (must equal 100%)	
	ternet: supply copy of print advertising, catalogs o o tape (Radio or IVR), and Web-page screen prin getting signature? INO Yes		Do you bill your customer prior to goods being shipped? If yes, how many days? 0-2 days 3-30 days 31-60 days 60-90 days Over 90 days
How do you advertise? 🗌 Yellow page	es 🗖 Telemarketing 🗖 Catalog 🗖 Internet 🗖 Wo	ord of mouth 🗌 Publications 🗌 Mass/D	Direct mail 🗌 Other
Actual chargeback volume for most re- # of locations? If you None	Commerce merchant, please provide most recent cent 3 months \$6 n u are affiliated with an existing account, please pr pendent contractors or agents or merchant so	nonths \$	'dholder data:
Merchant 🗌 Owns 🗌 Leases Location(	(s)?	How long at current locations(s)?:	
Name/address of mortgage holder/landlo	ord:		
Other significant Merchant Contacts with	third parties:		
account. Existing AXP SE #:			
<b>New Accounts:</b> If you do not currently accept AXP # p.			this to AXP on your behalf. In you an AXP # for this account, so you can start
accepting AXP payments. <b>AXP SE #:</b>	and your annual volume is more than \$1MM, we	will contact AXP on your behalf	
In the event your volume exceeds mor offers or promotions of AXP products of	re than \$1MM annually, you may be moved direc	tly to AXP. Opt out of AXP Offers and I s (such as traditional mail and telephone	e), please contact customer service at the phone
Call Secure Bancard, LLC Customer S	Service at: 1-855-271-1500		
	II Card Association card types. Some Point Of Sa esponsibility to enforce this. If you request AXP a		nibit the acceptance of specific types of payment t Merchant Bank, will settle American Express.
** Denotes Services and Programs li Merchant Bank has no responsibility	sted above or below in this Application, which or liability therefor.	n are provided by Processor and its	contractors and not by Merchant Bank.

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Merchant initials TB

FEE SCHEDULE

** Equipment Options										
			Purchase	Purchase			Purchase	Merchant		
Model		Qty	New	Refurbished	ł	Rent	Other Source	Owned		Price
Terminal Terminal									\$	
Printer									\$	
PIN Pad									\$	
Imprinter Other			Purchase Only						\$	
Other									э \$	
	ł									
Shipping, handling and tax will be Equipment Billing to:	billed in ad		e equipment price liste Merchant 🔄 Agent 📃							
Ship Equipment to:			DBA Legal Agent							
Send Welcome Kit to:			DBA 🗌 Legal 🗌 Agei							
Merchant training provided by:			Processor Agent	Other:						
SERVICE ACCEPTANCE AND F	EE SCHEI	DULE								
			_	_						
Discount Rates Interchange Pa	ass Through	Discount Ra	te% Per Item	n \$	Association	Dues & Asse	essments Pass Through			
Rate 1	%	Per Item \$	Rate 2		%	Per Item \$	Rate 3		%	Per Item \$
Visa Qual Credit	3.79		Visa Mid-Qual Credit				Visa Non-Qual Credit			
Master Card Qual Credit	3.79		Master Mid-Card Qual Cree	dit			Master Non-Card Qual Credit			
Discover Network - PayPal Qual Credit	3.79		Discover Netword - PayPal				Discover Network - PayPal No	n-Qual Credit		
American Express Qual Credit	3.79		American Express Mid-Qua	-			American Express Non-Qual C			Ì
Visa Qual Debit	3.79		Visa Mid-Qual Debit				Visa Non-Qual Debit			
Master Card Qual Debit	3.79		Master Card Mid-Qual Deb	pit			Master Card Non-Qual Debit			
Discover Network - PayPal Qual Debit	3.79		Discover Network - PayPal	l Mid-Qual Debit			Discover Network - PayPal No	n-Qual Debit		
Pin Debit	3.79		EBT				Star		\$1 per mon	th
Rewards Pricing										
Rewards Filcing										
Visa Rewards (Discount Rate \$ 3.7	79 Per It	em		MC W	orld Card (E	Discount Ra	te \$ <u>3.79</u> Per Item			
							_	_		
Amex Rewards (Discount Rate \$	<sup>3.79</sup> Per	Item		Discov	er Rewards	s (Discount	Rate \$ 3.79 Per Item			
Non-Bankcard Types Accepted										
JCB Card %		Carte Blai Monthly Gr	oss Pay 🗌 Daily					-		
Est. Annual Amex Volume: \$ AMEX Pay Frequency 3 (		15 day	_	verage Amex Tic	cket: \$		illed by American Expr	000		
Miscellaneous Fees:	Jay	15 UAY	So day Ame	X FEES disclosed	i ili ulis se	clion are b	med by American Expr	<u>c35</u>		
Monthly Statement Fee \$	Applica	tion/Setup	Fee \$ ACH Re		25.00		None			
				eject/Change Fe	e \$	Online Me	erchant Portal \$	monthly		
Chargeback/Retrieval Fee \$ <u>25</u>	.00/15.@ach	Monthly I	Minimum: \$ <u>None</u>					monthly each		
Chargeback/Retrieval Fee \$ <u>25</u> ACH Debit \$1.00 Upon Accour				Voice Auth/ARU	J Fee \$ <u>None</u>	ACH	Batch Fee \$ <u>None</u>			
-	nt Approva	al AVS Fee		Voice Auth/ARU Fee \$ <sup></sup> each	J Fee \$ <u>None</u> Tokenizati	ACH	Batch Fee \$ <u>None</u> ne each Annual Fee \$ None	each		
ACH Debit \$1.00 Upon Accour	nt Approva	al AVS Fee	None each CVV2	Voice Auth/ARU Fee \$ <sup></sup> each	J Fee \$ <u>None</u> Tokenizati	ACH	Batch Fee \$ <u>None</u> ne each Annual Fee \$ None	each		
ACH Debit \$1.00 Upon Accour ** Administrative Maintenance None	nt Approva	al AVS Fee	\$each CVV2	Voice Auth/ARU Fee \$ <sup></sup> each	J Fee \$ <u>None</u> Tokenizati	ACH	Batch Fee \$ <u>None</u> ne each Annual Fee \$ None	each		
ACH Debit \$1.00 Upon Accour ** Administrative Maintenance Monthly bill minimum: <u>None</u> None None	nt Approva e Fee \$ <sup></sup>	al AVS Fee month	\$ <sup>None</sup> each CVV2 y ** PCI Non Compli	Voice Auth/ARL Fee \$ <sup>None</sup> each iance Fee \$ <sup>None</sup>	J Fee \$ <u>None</u> Tokenizati monthly	ACH	Batch Fee \$ <u>None</u> ne <u>N</u> each Annual Fee \$_ y Fee \$ <mark>None</mark> month!	each		
ACH Debit \$1.00 Upon Accourt ** Administrative Maintenance Monthly bill minimum: None ** Other \$ per None None month	nt Approva e Fee \$ <sup>Non</sup> Descript	al AVS Fee month	\$each CVV2 y ** PCI Non Compli	Voice Auth/ARL Fee \$ <sup>None</sup> each iance Fee \$ <sup>None</sup> ** Other \$ <u>None</u> None	J Fee \$ <u>None</u> Tokenizati monthly per <u>Nor</u> moi	ACH	Batch Fee \$ <u>None</u> ne each Annual Fee \$_ y Fee \$ <u>None</u> month! ription	each		
ACH Debit \$1.00 Upon Accourt ** Administrative Maintenance Monthly bill minimum: None ** Other \$ per None ** Other \$ per month ** Other \$ per Month	nt Approva e Fee \$ None Descript Descript e ** PC	al AVS Fee emonth tion	\$ <sup>None</sup> each CVV2 y ** PCI Non Compli y ** PCI Non Compli	Voice Auth/ARL Fee \$ <sup>None</sup> each iance Fee \$ <sup>None</sup> ** Other \$ <u>None</u> ** Other \$ <u>None</u>	J Fee \$ <u>None</u> Tokenizati monthly per <u>mon</u> per <u>mon</u>	ACH	Batch Fee \$ <u>None</u> ne _each Annual Fee \$ <u></u> y Fee \$ <u>None</u> month! ription	each		

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eCommerce Application Addendum

Merchant initials T B

Number of e-Commerce	ce websites:		an 1, complete, i	nitial and	l attach an additional co	opy of this page for each additiona	ıl website)		
Website URL:		Website server IP Address:	None		Website DBA:				
Customer Service: em	ail address:	CNBAKER72@GMAIL.	COM Telepho	ne:	7314412308	List all links to other websites	s:		
Web Hosting Service I	Name:		Address	:		Contact Telephone:			
Fullfillment House Na	me:		Address	:		Contact Telephone:			
How do you advertise	:		-	(Attac	h samples; e.g., cata	log/print/broadcast/telemarket	ing script)		
Do you bill customer's	s card before ship	oping product or perform	ning service?	If Yes, before	how many days				
What is your return/re	fund policy?				te Security Method:				
Digital Certificate Issu					ital Cert No(s)/Exp Date(s) Owenership				
						(-)	Share	ed 🗌 Individual	
For purposes of this	application, "Proce	essor" is Secure Bancard,	LLC, 1500 Abbe	y Court,	Alpharetta, GA 30004 a	and can be contacted at 1-855-27	1-1500 and "	Merchant Bank" is	
Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.									
Merchant Signatures an	nd Guarantor Signa	atures							
						d owner(s) (1) certifies, under per			
						, Processor and their respective	-		
•	•					equesting reports from consume		-	
						nk or Processor whether or not a ort, Merchant Bank or Processor			
						Agreement ("Agreement") includi	•		
					-	Merchant Use and Disclosure of	-		
			,		, 0	und by and perform in accordanc			
	•			-		orm in accordance with all terms,			
,	0 0					gents and Merchant Bank ("Merc Inted at some future date; (5) agi		0 ,,	
•		•				intor(s)'s signatures, or on copies			
•				•		eated for all purposes as original			
document; and (6) ce	rtifies that Mercha	nt does not and will not pr	ovide, offer or fa	cilitate g	ambling services, incl	uding offering or facilitating interr	net gambling	services, or	
establishing quasi-ca	sh, credits or mone	etary value of any type tha	at may be used t	o condu	ct gambling.				
	C In the event L	om not oligible for NCD or	ad Coouro Bono	ard'a Oni	t Blue program for Ame	ricon Evproco, by signing below	Iroprocentt	hat I have read	
		•				rican Express, by signing below, erican Express® Card Accep-tan			
	•			•	•	Secure Bancard, and American I	•		
						ation inthis application and receiv	•		
about me personally,	including by reque	esting reports from consur	mer reporting ag	encies fr	om time to time,and di	sclose such information to their a	agent, subco	ntractors,	
						n Express and American Expres	•		
			•		, ,	om consumer reporting agencies			
	• •	• •				on me from consumer reporting a ress Privacy Statement at	agencies for	marketing and	
						now American Express uses you	r information	. I understand that	
•						-5200. I understand that upon Ar			
	-		-			merican Express' Card acceptar	-		
•	•					and payment by the Merchant (			
	•	•••			•	nt Bank and Processor, as provi he Addendums mentioned above			
Guaranty by this refe		which werchant Card Flo	cessing Agreen	ieni, and	i uns Application and t	ne Audendums mentioned above	, are incorpo	naleu mio mis	
, ,									
MERCHANT SIGNAT	JRES				GUARANTOR	SIGNATURES			
						N			
X1) Jay Lord	J.	Oct. 30, 2023			X1) Jay	ball	С	Oct. 30, 2023	
Principal/Owner for Mer	chant	Date			Guarantor Signat	ture (No Titles)	Dat	te	
Tony Baker		Owner			Tony Baker				
Print Name		Title			Print Name (No 1	Titles)			
X 2)					X 2)				
Principal/Owner for Mero	chant	Date			Guarantor Signat	ture (No Titles)	Dat	ie	
Print Name		Title			Print Name (No 1	Fitles)			
					, , , , , , , , , , , , , , , , , , ,	,			
X 3)					X 3)				
Principal/Owner for Mer	chant	Date			Guarantor Signat	ture (No Titles)	Dat	ie	
Print Name		Title			Print Name (No 1	Titles)			
		The							
FOR INTERNAL USE	ONLY								
X)					X)				
Accepted by Processor		Date	-		Accepted by Mer	chant Bank	Dat	te	
Drint Nor-		Tia) -			Duint Mar				
Print Name		Title			Print Name		Title	e	

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Merchant initials

ΤВ

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 including any Patriot Act/customer identification forms and taxpayer identification forms and negrification including the Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification 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.secur

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Oct. 30, 2023

Merchant Legal Name:	Tony Baker	Merchant Federal Tax ID (as it appears on income tax return):	None	Merchant State of formation/Incorporation:
TN Merchant Address:	904 Stags Leap Lan	e, New Johnsonville, TN, 37134		Merchant Entity Type
Sole Proprietor				

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 interests of 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 Tony Baker	Title Owner		% of Legal Entity OwnerShip: 100 %	
Individual's Home (Street) Address (No P.O. Box) 904 Stags Leap Lane	City, State, Zip New Johnsonville, TN, 37134		Date of birth 02 oct 1965	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government?	(SSN)/Individual Taxpayer Ider *******2832	ntification No. (I	TIN):	Control Prong?
Id Type:*  Driver's License  Other State photo ID showing residence Passport  Resident Alien ID  Other ID ±	State/Country of Issuance TN	Date Issued 28 oct 2020	Expiration Date 28 oct 2028	Number on ID: 059427105
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? Ves IN No	(SSN)/Individual Taxpayer Ider	TIN):	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		% 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? Ves IN No	(SSN)/Individual Taxpayer Ider	TIN):	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		·	% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip New Johnsonville, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Ves IN No	(SSN)/Individual Taxpayer Ider	ntification No. (I	TIN):	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 Tony Baker	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 904 Stags Leap Lane	City, State, Zip New Johnsonville, TN, 37134			Date of birth 02 oct 1965
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government?	(SSN)/Individual Taxpayer Ider *******2832	ntification No. (I	TIN):	Control Prong?
Id Type:*  Driver's License  Other State photo ID showing residence Passport  Resident Alien ID  Other ID ±	State/Country of Issuance TN	Date Issued 28 oct 2020	Expiration Date 28 oct 2028	Number on ID: 059427105
*For LIS parsons provide upoynized Driver's License unless there is none; for non LIS	menegene ID Turne menu he uneur	singel Desident	lien ID er Deenen	t/Other ID+ and

\*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 Passpor/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:

Leruncations 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.

Tay backs

Tony Baker

Authorized Signer Signature

Date Signed Authorized Signer Printed Name

Processor's Rep. Signature

Date Signed

Processor's Rep. Printed Name

Oct. 30,

2023

#### 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

_ Tay backs	Oct. 30, 2023
Merchant's Signature	Date
Tony Baker	Owner
Merchant's Printed Name	Title