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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						
HAI LIN LLC				ACADIANA POBOYS		
Merchant Legal Business Name			-	DBA Name		
2848 VEROT SCHOOL RD SUITE	L03			2848 VEROT SCHOOL	RD SUITE 103	
Nailing Address			-	DBA Address (Physical,	, No PO Boxes)	
LAFAYETTE	Louisiana	70508		LAFAYETTE	Louisiar	na 70508
tity	State	Zip	-	City	State	Zip
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ederal Tax ID # (Must be 9 digits)	Length O					
			Business License	Date Opened	16 jun 2009	_
Aerchant State registration		E-mail Address:	HAI2@ME.COM	Web site Address:		
ny prior			iness If yes, how long			
isiness Type						
🛙 Retail 📃 Restaurant 📃 Lodging	g 🔄 Service 📃	Internet% N	Mail% 🗌 T	el % Bus-to-Bus	_%	
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Merchant initials

HL

Initial

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. 22, 2024

Merchant Legal Name:	HAI LIN	Merchant Federal Tax ID (as it appears on income tax return):	Merchant State of formation/Incorporation:
LA Merchant Address:	318 BLUEBONNET	DR, LAFAYETTE, LA, 70508	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 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 HAI LIN	Title OWNER			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 318 BLUEBONNET DR	City, State, Zip LAFAYETTE, LA, 70508			Date of birth 17 dec 1977
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Iden *******7198	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 26 oct 2021	Expiration Date 17 dec 2027	Number on ID: 009598307
Beneficial Owner Legal Name	Title			% of Legal Entity OwnerShip: %
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? U Yes INO	(SSN)/Individual Taxpayer Iden	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	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title	-		% of Legal Entity OwnerShip: %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? I Yes I 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	Expiration Date	Number on ID:
Beneficial Owner Legal Name	Title			% of Legal Entity OwnerShip: %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip LAFAYETTE, ,			Date of birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? U Yes INO	(SSN)/Individual Taxpayer Ide	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	Expiration Date	Number on ID:
Control Prong (and/or 🗌 additional Beneficial Owner) Legal Name HAI LIN	Title OWNER			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 318 BLUEBONNET DR	City, State, Zip LAFAYETTE, LA, 70508			Date of birth 17 dec 1977
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Iden *******7198	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 26 oct 2021	Expiration Date 17 dec 2027	Number on ID: 009598307

*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. 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.

Signed by: DocuSigned by: Hai Lin 10/22/2024 Anna Bourgeois 10/22/2024 312A9363D192456... Oct. 22 2024 76453622DCB140 Date Signed Authorized Signer Printed Name Processor's Rep Date Signed Authorized Signer Signature Signature

Processor's Rep. Printed Name

Anna Bourgeois

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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.
- A Visa Member must be a principal (signatory) to the Merchant Agreement. 2.
- 3. 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.
- 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:

Merchant Signature

- 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.

Signed by:	10/22/2024
	Oct. 22, 2024
Merchant's Signature	Date
HAILIN	OWNER
Merchant's Printed Name	Title