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									
Thai With Love LLC						Thai With Love LLC			
Merchant Legal Business Name			_			DBA Name			
924 Kaliste Saloom Rd STE 1						924 Kaliste Saloom Rd	STE 1		
Mailing Address			_			DBA Address (Physical,	No PO Boxes)		
Lafayette	Louisiana	70508				Lafayette		Louisiana 7050	8
City	State	Zip	_			City		State Zip	
3372331809						3375194285			
Legal Phone #	Legal Fax #		_			DBA Phone #		DBA Fax #	
461832604	11 Yrs.	11 Mos. New b	usiness	New owner	Seasonal	Yes No List mo	nths		
Federal Tax ID # (Must be 9 digits)	Length O	wned	Rusin	ess License		Date Opened:	28 jan 2013		· · · · · · · · · · · · · · · · · · ·
		t		@gmail.com		·		//www.thaiwithlove	e.com/
Merchant State registration		_ E-mail Address: L		G 9	Web sit	e Address:	mapon.		
Any prior No	Yes If yes:	Personal Busi	ness If y	es, how long					
Type of Sole Prop	orietorship 🔳 L	LC Partnership	Ltd Part	nership 🔲 Cor	p, check on	e: Public Private	Non	Other	
Business Type									
Retail Restaurant Lodgin	g Service	Internet% N	/ail	% 🔲 T	el	% Bus-to-Bus	<u>%</u>		
Description of Business									
Detailed Description of Business (i	including produ	ucts/services; card c	harging po	olicies; delivery	/ methods; \	whether own/finance inve	entoryprovide	e separate pages if	needed):
Mailing Address (select	egal 🗌 DBA 📗	Location Contact:	Chone N	latasine		Phone #		3375194285	
Refund/Return Policy									
No votund Detund in 20 days	ou loos 🔲 Mai	uala a sadia a	Othory						
No refund Refund in 30 days	s or less Me	rcnandise	Other						
American Express Disclosur	e								
The "NCR" party listed throughout	this Applicatio	n and the Merchant	Agreeme	nt is your acqu	irer for Ame	rican Express, or will co	nvey American	Exper ss sales on y	your behalf:
NCR Payment Solutions, LLC									
864 Spring Street, Atlanta, GA 303	308								
DocuSigned by:								9/4/2024	
x (~~ (~	_			Chone Natas	ine / Owner			Aug. 30, 2024	
Merchiant Signature				Print Nam				Date:	
•									



Docusign Envelope ID: 4EC3F344-295C-4437-A2BF-93A1A8734FAB 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 II: Individual Form of Identification Section 1: Business Form of Identification Applicable Items Reviewed: Applicable Items Reviewed: **Business Name:** Date and Place of 007260802 Govt Issued Business License Drivers License: Name: Chone Natasine Tax Return State ID Date of Birth: 14 apr 1965 Corporate Resolution ID/Tax ID Number: 461832604 Passport: DL/ID#: 007260802 **Entity Agencies** Military ID Date of Issuance: Mexican Consulate **Business financial Statement Expiration Date:** State of Issuance: Partnership Agreement Expiration: Mar 15, 2029 Type Fin'l S't Resident Alien ID: 3211 Ronald Circle Address Section III On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s)) DBA Address Other Address: Address of location inspected: Legal Address ■ URL listed in eCommerce addendum Does name posted at business match name on application Ves No Does inventory volume appear to be sufficient? Yes No Does location have appropriate business signage Yes No Are store hours posted? ■ Yes □ No Number of employees:/td> Did you view merchant's inventory? Yes No Did you get Interior/exterior photos? Yes No Get Samples? Yes No Was inventory consistent with merchant's type of business?
Yes Comments: * Signature of Sales Representative: Date * By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable. Principal Information Residential Principal's Date of Birth Ownership % of Time Social Security # (Processor's privacy **Residential Address** Phone # % / Years Name Spent In policy for collection and use of social (City, State, Zip) **Business** security numbers can be found at www.securebancard.com) 100/11 3211 Ronald Circle, New Iberia, 3375194285 *****1598 Chone Natasine Owner YEARS ouisiana, 70560 **Bank Information** Name of Financial Institution Account number Routing # Phone # Contact Date Opened *****6084 Capital One 065000090 *AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK ☐ Checking account ☐ Savings account ☐ Bank GL account Please select one for ACH account type listed above:

Trade / Business References			
Trade Name	Account #	Product Sold	Phone #' (No 800 #s)
None	None		None None
None	None		None None

Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:

sign Envelope ID: 4EC3F34	44-295C-4437-	-A2BF-93A1A8734FAB		Control	Merchant initials	C N
Processing Information Card Types Accepted:	All Di JCB*	isa/MasterCard/Discover Cards iscover Cards * rican Express ** rs/Carte Blanche**	☐ Vi ☐ Mi ☐ Vi	asterCard Credit Cards sa Credit Cards and Bu asterCard Debit cards o sa Debit cards only N Based Debit/EBT Ca	nly	
Projected total annual sales \$_ Projected Visa/MC/DISC/Amex Monthly \$26000.00 Annual \$_ Projected Visa/MC/DISC/Amex \$500.00	< Sales	Electronic card-swiped transactic Electronic key-entered (with imp Electronic card not present (w/or OR Touch-tone card not present (with Touch-tone card not present (noth Mail/Telephone Order (card noth eCommerce (card not present)	rints) ut imprints) th imprints) imprints)	90		x ticket size 10.0 party fulfillment' When Yes If "yes" and phone nur
		NOTE: TO	TAL (must equal	100%)		
If applicable, provide: video (TV Do you authorize carrier to delir How do you advertise? Yello Have you ever accepted credit statements. If you are a MO/TC Actual chargeback volume for reference with the provided of the provided Hospital Statements. If you are a MO/TC Actual chargeback volume for reference with the provided Hospital Statements. If you are a MO/TC Actual chargeback volume for reference with the provided Hospital Statement (No. 1).	v), audio tape (Ra iver w/o getting si ow pages Tele cards before? Or e-Commerce most recent 3 mo	poly copy of print advertising, catalogs adio or IVR), and Web-page screen print gnature? No Yes Marketing Catalog Internet Web Yes No If Yes: Processor Name Internet For merchant, please provide most recent and the state with an existing account, please processor agents or merchant second contractors or agents or merchant second contractors.	ord of mouth Performents of mouths \$ rovide existing me	ublications Mass/Directory M	he most recent 3 months o	y days? ☐ 0-2 da s ☐ 60-90 days
Merchant Owns Leases Lo	ocation(s)?		How long at cur	rent locations(s)?:		
Name/address of mortgage holde	er/landlord:					
Other significant Merchant Conta	acts with third part	ties:				
account. Existing AXP SE #:		AXP volume is less than \$1MM annual of \$1MM annually, please provide you		,		AXP # for this
New Accounts: If you do not currently accept A	AXP # payments,	and your annual volume is less than \$2		•	ŕ	unt, so you can s
accepting AXP payments. AXP If you do not currently have an		annual volume is more than \$1MM, we	e will contact AXP	on your behalf.		

** Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, NCR as processor, and not Merchant Bank, will settle American Express.

** Equipment Options														
			Purchase F			rchase				rchase	Mercha	nt		
Model		<u> </u>	Oty	New	Re	furbished	d	Rent	Oth	er Source	Owned			Price
Terminal Terminal													\$	
Printer													\$	
PIN Pad													\$	
Imprinter Other				Purchase Only	1								\$	
Other									-				\$	
												· ·	Ψ.	
Shipping, handling and tax will b	e billed in	addition to				e.								
Equipment Billing to: Ship Equipment to:				rchant Agent Agent Agent Age		her:								
Send Welcome Kit to:				A Legal Age										
Merchant training provided by:				cessor Agent										
SERVICE ACCEPTANCE AND	EEE SCH	IEDIJI E												
			Date	% Per Iter	n ¢		Association	on Dues & Ass	eeeman	ite Daes Thro	nuah			
Rate 1	%	Per Item \$	Rate		Ψ		%	Per Item \$	Rate 3		ougi!	%	Pe	er Item \$
Visa Qual Credit	3.84	0.00	_	a Mid-Qual Credit			0.00	0.00	+	on-Qual Credit		0.00	0.0	
Master Card Qual Credit	3.84	0.00		stercard Mid-Qual Cred	dit		0.00	0.00	+	card Non-Qua		0.00	0.0	
Discover Network Qual Credit	3.84	0.00	_	cover Network Mid-Qu			0.00	0.00	+	er Network No		0.00	0.0	
American Express Qual Credit	3.84	0.00	_	erican Express Mid-Qu			0.00	0.00	1	an Express No	-	0.00	0.0	
Visa Qual Debit	3.84	0.00												
Mastercard Qual Debit	3.84	0.00												
Discover-Network Qual Debit	3.84	0.00												
Pin Debit													•	
						•								
Rewards Pricing														
Visa Rewards (Discount Rate \$	3.84 Pe	r Item 0.00				Masterc	ard Rewa	ırds (Discoun	t Rate S	3.84 Pe	er Item 0.00			
Amex Rewards (Discount Rate \$	3.84 P	er Item 0.00				Discove	r Reward	s (Discount R	Rate \$ 3	.84 Per l	tem <u>0.00</u>			
Non-Bankcard Types Accepted														
Non Bankeara Types Accepted														
JCB Card %	Dine	ers Carte B	lanch	e%		Δmeri	can Evnr	ess Discour	nt rate0	6	OR			
30B 0aid 70	, Dilli	ors curre b	iancii	C 70		Allien	can Expi	C33 DI3COUI	it rate /		OIX			
☐ Monthly Flat Fee: \$		Monthly (Gross	Pay Daily	/ Gross	Pav	Retail \$_	Trans F	ee +	_ % OR 🗆				
, ,					,	•								
	None						, No	one						
Est. Annual Amex Volume: \$	i			Est. <i>F</i>	Average	Amex II	cket: \$							
AMEX Pay Frequency	3 day	■ 15 day	, [30 day Ame	x Fees	disclose	d in this	section are b	oilled b	y America	n Express			
Miscellaneous Fees:														
Monthly Statement Fee \$ 39.0	Appli	cation/Setu	ıp Fee	0.00 S ACH R	eject/Cl	hange Fe	e \$ 0.00	Online M	erchan	t Portal \$	monthly			
					,	g					,			
Chargeback/Retrieval Fee \$_	15.00/12. @a	ch Monthl	y Min	imum: \$ <u>0.00</u>	Voice .	Auth/ARI	J Fee \$ <u>N</u>	one ACH	Batch	Fee \$ 0.00	each			
ACH Debit \$1.00 Upon Acco	unt Appro	oval AVS F	ee \$	each CVV	2 Fee \$	each	Tokeniza	0. ation Fee \$.00 eac	h Annual I	0.00 ee \$			
** Administrative Maintenan				* PCI Non Comp	liance F	ee \$ 0.00	montl	hlv ** Gatewa	av Fee	0.00 \$ r	monthly			
0.00	υς ι το φ			T Of Non Comp	nance i	CC Q		my Cutchi	uy i cc	·				
Monthly bill minimum:														
** Other \$ per	Desci	ription			** Othe	None er \$	per N	one Desc	cription					
None montl	h Desci	ription			** Othe	None er \$	m	onth Desc	cription					
0.0 Early Termination Fee: \$		PCI monthly	/ Fee	0.00 \$					-					

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.

Authorization Fees: \$ ____ American Express \$ ___ MasterCard \$ ___ Visa \$ __ Discover \$

Initial		
Initial	Merchant	initiais

CN

2019.1 E. 11010 po 12. 1 E001 0 1 1 E000 1 101 7 1E01 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						$(\cup \cap$				
eCommerce Appli	cation Addendum									
Number of e-Com	merce websites:			(If more that	n 1, c	complete, initial and attach an additional copy of this page for each additional website)				
Website URL:	https://www.thaiwith	love.com/	Website serv Address:	er IP	No	ne	Website DBA:			
Customer Service	e: email address:		bountha65@	gmail.com	Tel	lephone:	3372331809	List all links to other webs	sites:	
Web Hosting Serv	rice Name:				Ad	ldress:		Contact Telephone:		
Fullfillment House	e Name:				Ad	ldress:		Contact Telephone:		
How do you adve	rtise:					(Attach samples; e.g., catalog/print/broadcast/telemarketing script)				
Do you bill custor Yes No	ner's card before ship	ping produ	uct or perform	ing service		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)				enership

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 sig

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

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.

the application, the entity will be provided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

	GUARANTUR SIGNATURES	
9/4/2024		9/4/2024
Aug. 30, 2024	Docusigned by:	Aug. 30, 2024
Date	Guarantor Signature (No Titles)	Date
Owner	Chone Natasine	
Title	Print Name (No Titles)	
	X 2)	
Date	Guarantor Signature (No Titles)	Date
Title	Print Name (No Titles)	
	X 3)	
Date	Guarantor Signature (No Titles)	Date
Title	Print Name (No Titles)	
	X)	
Date	Accepted by Merchant Bank	Date
Title	Print Name	Title
	Date Owner Title Date Title Date Date Date	Aug. 30, 2024 Date Guarantor Signature (No Titles) Chone Natasine Print Name (No Titles) Aug. 30, 2024 Date Print Name (No Titles) Title Print Name (No Titles) Accepted by Merchant Bank

Merchant Beneficial Owner(s), of the Merchant Information Certification: The following information and certifications concerning beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application including any Patriot Activation forms and taxpayer identification/withholding forms included therein or prescribed forms of Merchant Application including any Patriot Activation forms and taxpayer identification/withing 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 regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Activationer identifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Activations 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.securebancard.com/Privacy%20Pol

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Aug. 30, 2024 Merchant Legal Name: _ Chone Natasine Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation: Louisiana, 70560 3211 Ronald Circle, New Iberia, Louisiana, 70560 Merchant Entity Type LLC

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name Chone Natasine	Title Owner			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 3211 Ronald Circle	City, State, Zip New Iberia, Louisiana, 70560			Date of birth 14 apr 1965
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Ide	entification 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 Louisiana	Date Issued 15 mar 2023	Expiration Date 15 mar 2029	Number on ID: 007260802
Beneficial Owner Legal Name	Title	1		% of Legal Entity OwnerShip: None %
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ide	entification 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:
Beneficial Owner Legal Name	Title	1		% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ide	entification 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:
Beneficial Owner Legal Name	Title	1	1	% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip New Iberia, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No	(SSN)/Individual Taxpayer Ide	entification 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 Chone Natasine	Title Owner	•	•	% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 3211 Ronald Circle	City, State, Zip New Iberia, Louisiana, 70560			Date of birth 14 apr 1965
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Ide ******1598	entification 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 Louisiana	Date Issued 15 mar 2023	Expiration Date 15 mar 2029	Number on ID: 007260802

Certifications and Signatures:

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

			DocuSigned by:	9/4/2024	Chone Natasine		
		Aug. 30, 2024	B325@horae Natasine			Anna Bourgeois	9/2/2024
Anna	Bourgeois	2024	Authorized Signer Signature	Date Signed	Authorized Signer Printed Name	Processor's Rep. Signature	Date Signed

^{*}For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance. ± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

VISA DISCLOSURE PAGE
Docusign Envelope ID: 4EC3F344-295C-4437-A2BF-93A1A8734FAB

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

(706) 649-4900 Acquirer Phone:

Important Member Bank (Acquirer) Responsabilities:

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

Important Merchant Responsibilities:

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

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

Merchant Signature	
DocuSigned by:	9/4/2024
Merchant's Signature	Aug. 30, 2024 Date
Chone Natasine	Owner
Merchant's Printed Name	Title