



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

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

APPLICATION FOR MERCHANT AGREEMENT

Processor's Sales Rep Name: Impact PaySystem CP

Business Information

<u>Whiteville Medical Center LLC</u> Merchant Legal Business Name			<u>Whiteville Medical Center</u> DBA Name		
<u>2400 Hwy 64</u> Mailing Address			<u>2400 Hwy 64</u> DBA Address (Physical, No PO Boxes)		
<u>Whiteville</u> City	<u>Tennessee</u> State	<u>38075</u> Zip	<u>Whiteville</u> City	<u>Tennessee</u> State	<u>38075</u> Zip
<u>7312548999</u> Legal Phone #	<u>994567308</u> Legal Fax #	<u>08</u> Yrs. <u>08</u> Mos. <input type="checkbox"/> New business <input type="checkbox"/> New owner	<u>9014835370</u> DBA Phone #	<u>9014835370</u> DBA Fax #	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No List months <u> </u>
<u> </u> Federal Tax ID # (Must be 9 digits)		<u> </u> Length Owned	<u> </u> Business License		<u>01 jan 2010</u> Date Opened:
<u> </u> Merchant State registration		<u>WHITEVILLEFAMILYMEDICAL@YAHOO.COM</u> E-mail Address:		<u> </u> Web site Address:	
Any prior <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Personal <input type="checkbox"/> Business If yes, how long <u> </u>					
Type of <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Corp, check one: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non <input type="checkbox"/> Other					

Business Type

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

Description of Business

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

Mailing Address (select Legal DBA Location Contact: MARY ANN LOCKHART Phone # 9014835370

Refund/Return Policy

No refund Refund in 30 days or less Merchandise Other:

American Express Disclosure

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

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

X MARY ANN LOCKHART / Owner Aug. 28, 2024
 Merchant Signature Print Name/Title Date:

Section I: Business Form of Identification								Applicable Items Reviewed:		Section II: Individual Form of Identification		Applicable Items Reviewed:		
Govt Issued Business License				<input checked="" type="checkbox"/>	Date and Place of Issuance:				Drivers License:	088844793	Name:	MARY ANN LOCKHART		
Tax Return				<input type="checkbox"/>	ID/Tax ID Number:		994567308	State ID:		Date of Birth:	10 jan 1982			
Corporate Resolution				<input type="checkbox"/>	Expiration Date:			Passport:		DL/ID#:	088844793			
Entity Agencies				<input type="checkbox"/>	Type Fin'l S't			Military ID:		Date of Issuance:				
Business financial Statement				<input type="checkbox"/>	Resident Alien ID:			Mexican Consulate ID:		State of Issuance:	None			
Partnership Agreement				<input type="checkbox"/>	Address:				Expiration:	Oct 05, 2024				
					12032 Hayes Crest Cir N									
Section III														
<input type="checkbox"/> On site visit done by Sales Rep				<input type="checkbox"/> Business Consistent with Application (including any e-Commerce addendums(s))										
Address of location inspected:				<input type="checkbox"/> DBA Address	<input type="checkbox"/> Legal Address	<input type="checkbox"/> URL listed in eCommerce addendum	<input type="checkbox"/> Other Address:							
Does name posted at business match name on application				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does inventory volume appear to be sufficient?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does location have appropriate business signage				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are store hours posted?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Number of employees: /td>		
Did you view merchant's inventory?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Get Samples?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you get Interior/exterior photos?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was inventory consistent with merchant's type of business?				<input type="checkbox"/> Yes				Comments:						
* Signature of Sales Representative:								Date:						
* By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable.														
Principal Information														
Principal's Name	Title	Date of Birth	Ownership % / Years	% of Time Spent In Business	Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebancard.com)			Residential Address (City, State, Zip)		Residential Phone #				
MARY ANN LOCKHART	Owner		100/08/22/2024		*****9289			12032 Hayes Crest Cir N, Arlington, TN, 38002		9014835370				
Bank Information														
Name of Financial Institution			Account number		Routing #		Phone #		Contact		Date Opened			
The Bank of Fayette County			****9771		084304337									
*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK														
Please select one for ACH account type listed above: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Bank GL account														
Trade / Business References														
Trade Name		Account #		Product Sold			Phone #' (No 800 #s)							
None		None					None None							
None		None					None None							
Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director:														

Processing Information

Card Types Accepted:

- All Visa/MasterCard/Discover Cards
- All Discover Cards
- JCB**
- American Express **
- Diners/Carte Blanche**
- MasterCard Credit Cards and Business cards only
- Visa Credit Cards and Business Cards only
- MasterCard Debit cards only
- Visa Debit cards only
- PIN Based Debit/EBT Cards**

Projected total annual sales \$ _____

Projected Visa/MC/DISC/Amex Sales
Monthly \$18000.00 Annual \$ _____

Projected Visa/MC/DISC/Amex High Ticket
\$3000.00 _____

Electronic card-swiped transactions 99 %
Electronic key-entered (with imprints) 1 %
Electronic card not present (w/out imprints) None %

OR

Touch-tone card not present (with imprints) _____ %
Touch-tone card not present (no imprints) _____ %
Mail/Telephone Order (card not present) None %
eCommerce (card not present) None %

Projected average

Visa/MC/DISC/Amex ticket size 50.00

Do you use a 3rd party fulfillment?

No Yes

If "yes"

Contact name and phone number:

Name: _____
Phone: _____

NOTE: TOTAL (must equal 100%)

If processing via mail, phone or Internet: supply copy of print advertising, catalogs and brochures. If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL(Internet).

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

Do you authorize carrier to deliver w/o getting signature? No Yes

How do you advertise? Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail Other _____

Have you ever accepted credit cards before? Yes No If Yes: Processor Name _____ (Please provide the most recent 3 months of processing statements. If you are a MO/TO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months \$ _____ 6 months \$ _____

of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data:

Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases Location(s)?	How long at current locations(s)?:	
Name/address of mortgage holder/landlord:		
Other significant Merchant Contacts with third parties:		

American Express

Existing Accounts:

If you currently accept AXP payments, and your AXP volume is less than \$1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: _____

If you currently accept AXP payments in excess of \$1MM annually, please provide your existing AXP#, so so we can convey this to AXP on your behalf.

New Accounts:

If you do not currently accept AXP # payments, and your annual volume is less than \$1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. **AXP SE #:** _____

If you do not currently have an AXP #, and your annual volume is more than \$1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than \$1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

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.

** 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.

FEE SCHEDULE

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

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

Equipment Billing to: Merchant Agent Other

Ship Equipment to: DBA Legal Agent Other:

Send Welcome Kit to: DBA Legal Agent N/A

Merchant training provided by: Processor Agent Other:

SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates Interchange Pass Through Discount Rate 0.75 % Per Item \$ 0.08 Association Dues & Assessments Pass Through

Rate 1	%	Per Item \$	Rate 2	%	Per Item \$	Rate 3	%	Per Item \$
Visa Qual Credit			Visa Mid-Qual Credit			Visa Non-Qual Credit		
Master Card Qual Credit	0.75	0.08	Mastercard Mid-Qual Credit			Mastercard Non-Qual Credit		
Discover Network Qual Credit			Discover Network Mid-Qual Credit			Discover Network Non-Qual Credit		
American Express Qual Credit			American Express Mid-Qual Credit			American Express Non-Qual Credit		
Visa Qual Debit								
Mastercard Qual Debit	0.75							
Discover-Network Qual Debit								
Pin Debit	0.75							

Rewards Pricing

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

Non-Bankcard Types Accepted

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

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

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

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

Miscellaneous Fees:

Monthly Statement Fee \$ 10.00 Application/Setup Fee \$ None ACH Reject/Change Fee \$ 25.00 Online Merchant Portal \$ None monthly

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

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

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

Monthly bill minimum: None

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

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

Early Termination Fee: \$ None ** PCI monthly Fee \$ 10.00

Authorization Fees: \$ None American Express \$ None MasterCard \$ None Visa \$ None Discover \$

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

eCommerce Application Addendum					
Number of e-Commerce websites:		(If more than 1, complete, initial and attach an additional copy of this page for each additional website)			
Website URL:	Website server IP Address:	None	Website DBA:		
Customer Service: email address:	WHITEVILLEFAMILYMEDICAL@YAHOO.COM	Telephone:	7312548999	List all links to other websites:	
Web Hosting Service Name:		Address:		Contact Telephone:	
Fulfillment House Name:		Address:		Contact Telephone:	
How do you advertise:		(Attach samples; e.g., catalog/print/broadcast/telemarketing script)			
Do you bill customer's card before shipping product or performing service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many days before?			
What is your return/refund policy?		Website Security Method:			
Digital Certificate Issuer:		Digital Cert No(s)/Exp Date(s)		Ownership <input type="checkbox"/> Shared <input type="checkbox"/> Individual	

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

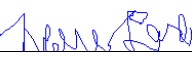

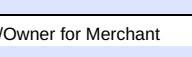
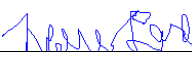
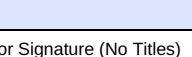
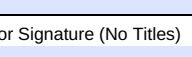
Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3) acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

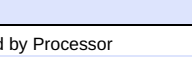
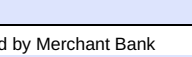
AMERICAN EXPRESS - In the event I am not eligible for NCR and Secure Bancard's OptBlue program for American Express, by signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance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

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

MERCHANT SIGNATURES **GUARANTOR SIGNATURES**

<p>X 1) </p> <p>Principal/Owner for Merchant Date MARY ANN LOCKHART Aug. 28, 2024</p> <p>Print Name Title</p> <hr/> <p>X 2) </p> <p>Principal/Owner for Merchant Date</p> <p>Print Name Title</p> <hr/> <p>X 3) </p> <p>Principal/Owner for Merchant Date</p> <p>Print Name Title</p>	<p>X 1) </p> <p>Guarantor Signature (No Titles) Date MARY ANN LOCKHART Aug. 28, 2024</p> <p>Print Name (No Titles)</p> <hr/> <p>X 2) </p> <p>Guarantor Signature (No Titles) Date</p> <p>Print Name (No Titles)</p> <hr/> <p>X 3) </p> <p>Guarantor Signature (No Titles) Date</p> <p>Print Name (No Titles)</p>
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FOR INTERNAL USE ONLY

<p>X) </p> <p>Accepted by Processor Date</p> <p>Print Name Title</p>	<p>X) </p> <p>Accepted by Merchant Bank Date</p> <p>Print Name Title</p>
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Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Secure Bancard's privacy policy can be found at <http://www.securebancard.com/Privacy%20Policy.pdf>

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Aug. 28, 2024

Merchant Legal Name: MARY ANN LOCKHART Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation: TN
 Merchant Address: 12032 Hayes Crest Cir N, Arlington, TN, 38002 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	Title Owner				% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 12032 Hayes Crest Cir N	City, State, Zip Arlington, TN, 38002	Date of birth 10 jan 1982			
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****9289	Control Prong? <input checked="" type="checkbox"/>			
Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____	State/Country of Issuance TN	Date Issued 05 oct 2016	Expiration Date 05 oct 2024	Number on ID: 088844793	
Beneficial Owner Legal Name	Title				% of Legal Entity OwnerShip: None %
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>			
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____	State/Country of Issuance None	Date Issued None	Expiration Date None	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity OwnerShip: None %
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip , ,	Date of birth None			
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>			
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____	State/Country of Issuance None	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 Arlington, ,	Date of birth None			
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/>			
Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____	State/Country of Issuance None	Date Issued None	Expiration Date None	Number on ID:	
Control Prong (and/or additional Beneficial Owner) Legal Name MARY ANN LOCKHART	Title Owner				% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 12032 Hayes Crest Cir N	City, State, Zip Arlington, TN, 38002	Date of birth 10 jan 1982			
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****9289	Control Prong? <input checked="" type="checkbox"/>			
Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____	State/Country of Issuance TN	Date Issued 05 oct 2016	Expiration Date 05 oct 2024	Number on ID: 088844793	

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

Certifications and Signatures:

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



Aug. 28, 2024

MARY ANN LOCKHART

Authorized Signer Signature

Date Signed

Authorized Signer Printed Name

Processor's Rep. Signature

Date Signed

Processor's Rep. Printed Name

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank
Acquirer Address: 1125 First Avenue, Columbus, GA 31901
Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsibilities:

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

Important Merchant Responsibilities:

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

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

Merchant Signature



Merchant's Signature

Aug. 28, 2024

Date

MARY ANN LOCKHART

Merchant's Printed Name

Owner

Title