MERCHANT PROCESSING AGREEMENT

Merchant Application and Fee Schedule

8500 Governors Hill Drive Symmes Twp, OH 45249-1384 Phone: 888-208-7231

Phone: 888-208-7231 Fax: 877-822-1248 Please carefully complete the Application and read the Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. The Terms and Conditions can be viewed at https://empower2.fisglobal.com/npccma. Please retain the website to review the Terms and Conditions as well a copy of the Merchant Application for your records. Worldpay ISO, Inc. ("NPC") and Member Bank's acceptance of this Application will be made in a manner authorized in the Agreements and/or Terms and Conditions.

| James Doyle | Sales Represer | ntative | ID N | ımber | (9 digi | t or | 16 digit | t code | e) | | | | | | | | | | | |
|--|--|-----------|---------|----------|---------|-------|-----------|--------|-----------------------------------|-----------------------------|-------------------|--------------------|-------|----------------------|-----------|-----------|---------|----------|-----------------------|--|
| Contract Names (Numes | T 1 1 | 3 | 7 | R | 0 | 1 | 8 | | Bank # or Merchant Association #: | | | | | | | | | | | |
| DOVIE | SECTION 1 N | /IERCI | HANT | BUSI | NESS | INF | ORMA | TION | | | | | | | | | | | | |
| Besiness Name (DBA): Corporate Headquarter ELMBINS JR@GNAIL COM Website Corporate Corporate Headquarter ELMBINS JR@GNAIL COM State, Zip: COLLERVILLE, TN, 39017 SYCAMOR RD Fax #: COLLERVILLE, TN, 39017 SYCAMOR RD Fax #: COLLERVILLE, TN, 39017 SYCAMOR RD Fax #: Phone #: COLLERVILLE, TN, 39017 SYCAMOR RD Fax #: Phone #: COLLERVILLE, TN, 39017 SYCAMOR RD Fax #: Phone #: | | | | t Match | Busin | ess | Tax Ret | urn N | ame) | | | | | | | | | | | |
| Business Elliting Address: Suincess Elliting Address (if different from location address) | | | | | | | | | uarters | rs E-mail address: Website: | | | | | | | | | | |
| Colume C | | | | | | | | | | | | | | | | | | | | |
| Phone #: (g01) 317-5314 Fax #: (g01) 317-5314 Fa | City, State, Zip: | | | | | | | | | City, State, Zip: | | | | | | | | | | |
| Section 2 Beneficial Control Ownership Information | Phone #: Fax #: | | | | | | | | Phone #: | | 1, 30017 | | | Fax #: | | | | | | |
| SECTION 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of certain legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who one control a legal entity (e. the beneficial owners) helps law enforcement invessigate and prosecutions are convenient in the disclosure of key individuals who one control a legal entity (e. the beneficial owners) helps law enforcement invessigate and prosecutions over a control and part of the disclosure of key individuals one proprietor. In the convenient of the disclosure of key individuals who one or control all egal entity (e. the beneficial owners) helps law enforcement invessigate and prosecution. Type of Legal Entity: Government (field referral/State/Local) 2 LLC | , , | | 70054 | _ | | | | | | | | (301) 017-001 | | | | | | | | |
| To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of certain legal entity (customers. Legal entities can be abused to disguise involvement in terrorist financial, which is the provision of the provision o | | | | | TDOL | -014 | (NIEDO | | NEODMATION | | | | | | | | | | | |
| customers. Legal entities can be abused to disquise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key involved to women or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes. Type of Legal Entity: | | | | | | | | | | | | | | | | | | | | |
| Government (Federal/State/Local) LLC Private Corporation Publicly-Traded Corporation Pub | customers. Lega | al entiti | es ca | n be ab | used to | o dis | sguise in | rvolve | ement in terrorist fin | ancing, money | y laund | lering, tax evasio | n, co | rruption, fraud, and | | | | | | |
| Individual/Sole Proprietor Non-Profit/Tax-Exempt (501C) Publicly-Traded Corporation | Type of Legal E | ntity: | | | | | | | | | I Institu | ıtion | | | | | □ SEC | Reg | istered Entity | |
| Is Merchant a government entity or an entity at least 50% owned or controlled by a government entity? | | | | | | | | • | , | | fit/Tay- | · | | | | | | | | |
| If "yes" checked above, list country name of owning or controlling government entity: Control Owner/Officer/Principal Name: James Doyle | | | | | | | | | | | | | | | | | | | | |
| Control Owner/Officer/Principal Name: James Doyle Home Address: 171 Sycamore Rd DOB: 12/14/1974 414-53-0202 100 | | | | • | | • | | | | | | , | | | | | | | | |
| Collierville, TN 38017 (901) 317-5314 | Control Owner/Officer/Principal Name: Title: | | | | | | | | _ | | | 202 | | | | | | | | |
| James Doyle Owner 12/14/1974 414-53-0202 100 Home Address: 171 Sycamore Rd Beneficial Owner/Officer/Principal Name: Title: DOB: SSN #: Ownership Percentage Home Address: City, State, ZIP: DOB: SSN #: Ownership Percentage Home Address: City, State, ZIP: Phone #: Phone #: Ownership Percentage Home Address: City, State, ZIP: Phone #: Ownersh | | ₹d | | | | | | | | • | | | , | | ı | | | | | |
| Collierville, TN 38017 Gentle Gen | | er/Offic | er/Prir | ncipal N | lame: | | | | | | ı | | | | | 202 | | | | |
| Beneficial Owner/Officer/Principal Name: Home Address: City, State, ZIP: DOB: SSN #: Ownership Percentage Phone #: Beneficial Owner/Officer/Principal Name: Home Address: City, State, ZIP: DOB: SSN #: Ownership Percentage City, State, ZIP: Phone #: Beneficial Owner/Officer/Principal Name: Title: DOB: SSN #: Ownership Percentage Phone #: Beneficial Owner/Officer/Principal Name: Title: DOB: SSN #: Ownership Percentage Phone #: SECTION 3 IMPORTANT DISCLOSURES Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.012: IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) | | ₹d | | | | | | | | | | | | | | | | | | |
| Beneficial Owner/Officer/Principal Name: Home Address: City, State, ZIP: DOB: SSN #: Ownership Percentage Phone #: Beneficial Owner/Officer/Principal Name: Title: DOB: SSN #: Ownership Percentage Title: DOB: SSN #: Ownership Percentage City, State, ZIP: Phone #: SECTION 3 IMPORTANT DISCLOSURES Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.0123 IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) | | | er/Prir | ncipal N | lame: | | | | | Title: | <u> </u> | <u> </u> | | | , | | | | | |
| Home Address: City, State, ZIP: | Home Address: | | | | | | | | | | City, State, ZIP: | | | | | | | Phone #: | | |
| Beneficial Owner/Officer/Principal Name: Title: | Beneficial Owne | er/Offic | er/Prir | ncipal N | lame: | | | | | Title: | | | DOB: | | SSN#: | | | \neg | Ownership Percentag | |
| Beneficial Owner/Officer/Principal Name: Title: | Hama Addraga | | | | | | | | | | City | Ctoto 7ID: | | | | | I Dha | -no # | | |
| Home Address: City, State, ZIP: Phone #: SECTION 3 IMPORTANT DISCLOSURES Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.0123 IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) | nome Address. | | | | | | | | | | City, | State, ZIP. | | | | | Pilo | ле #. | | |
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| IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) | Home Address: | | | | | | | | | | City, | State, ZIP: | 1 | | ı | | Pho | one #: | | |
| IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) | SECTION 3 | IMPO | RTAN | T DISC | CLOS | URE | S | | Merchan | ıt acknowledç | ges red | ceipt of NPC's d | ocun | nentation, which in | icludes M | erchant P | rocessi | ing A | greement Ver.GEN.0123 | |
| Regulations with which Merchants must comply. (4) The Visa Member is responsible for and must provide settlement funds to the Merchant. (5) The Visa Member is responsible for all funds held in reserve that are derived from settlement. IMPORTANT MERCHANT RESPONSIBILITIES: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa (888) 208-7231 | A Visa Member Regulations with responsible for IMPORTANT N below threshold | | | | | | | | | | | | | | | | | | | |
| Member (Acquirer) is the ultimate authority should the Merchant have any problems. Signed Weignature may be evidenced by facsimile) Name (please print) JAMES DOYLE Date 8/27/2024 | Member (Acquirer) is the ultimate authority should the Merchant have any problems. | | | | | | | | | | | | | | | | | | | |

James Doyle

Merchant's Business Name (Legal):DOYLE PLUMBING LLC

| SECTION 4 BUSINESS PROFILE AND ASSUMPTIONS | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------------|--------------------------------|------------------------------------|---------------------------|-------------------------------|---------------------------|--------------------------------------|--------------------------------|--|-----------------------------------|---|---|---|--------------------------------------|-------------------------------------|------------|--|--|
| ☐ Ownership or Le | gal Enti | ty Chan | nge C | lose NP | C Exist | ing MIDa | #: | | | | Close Date Existing MID: | | | | Open Date: 8/1/2021 | | | | |
| Annual Volume (Visa/MC/DS/AX): | \$60 | 0,000.0 | 0 | % Card | Preser | nt | 99 | 99 % Card Swipe | | | | 99 | | % Imprint 0 | | | | % B2B | 0 |
| Average Ticket (Visa/MC/DS/AX): | \$9 | 900.00 | | % (| Card No Preser | | 1 | | | % МОТО | | 1 | 9 | % Internet | (|) | | % of International Cards | 0 |
| Highest Ticket (Visa/MC/DS/AX): | \$7 | ,000.00 | | Total 100% | | | | | | | | | | | | | | | |
| ☐ Add'l. Location | 1st Lo | ocation | MID: | | | | | | □ Neve | r Accepted (| Cards | ☐ Proces | ssor Chan | ge - How ma | any proce | ssing stat | tem | ents are you including? | |
| Type of Goods/ Service Sold: | | | | | | | | | | | | | | | | | | | |
| MCC: | 1711 REFUND POLICY | | | | | | | | | Merchandise exchange only □ Other | | | | | | | | | |
| Seasonal Sales: | l Yes ☑ | l No | , | Active M | onths: | □ JAN | □ FE | EB □ M | AR 🗆 A | APR □ MA` | Y □JU | N □ JUL | □ AUG [| SEP 🗆 (| OCT 🗆 | NOV 🗆 | DE | EC | |
| SECTION 5 COMPLIANCE INFORMATION | | | | | | | | | | | | | | | | | | | |
| Do you (MERCHANT) have a ☑ 3rd party software application/gateway or ☐ POS Terminal Do you store cardholder data? Paper - ☐ YES ☑ NO Electronic - ☐ YES ☑ NO | | | | | | | | | | I NO | | | | | | | | | |
| Have you ever expo | Have you ever experienced an Account Data Compromise? ☐ YES ☑ NO | | | | | | | | | | | | | | | | | | |
| Third Party Softwar | re/Gatev | way Ver | ndor Na | me and | Addres | s: | | | | | Third P | arty Softwar | e/ Gatewa | y Vendor C | ontact In | formatio | n: | | |
| Version # | | Mer | chant d | ata to wh | nich this | s vendor | has a | access: | | | Does software store cardh | | | | | lholder information? □ YES □ NO | | | |
| PCI DSS. Merchan applicable, and (b) the PCI Program ar | t must v is comp nd the a | alidate liant wit pplicabl | its com th the P le fees | oliance v CI DSS. will be as | vith the NPC hassessed | PCI DS as creat in acco | S and ed the ordand | d provide e PCI Pro ce with th | NPC wit gram ("I e terms | th evidence PCI Progran of the PCI F | that Mer n") to as Program. | chant (a) ha sist merchar Information | is success ints in secu on the PC | fully comple iring card da Cl Program i | eted a Se ata and c is set for | elf Asses complying th in Sec | smo g w | comply with the requirent ent Questionnaire and so ith PCI DSS. You may be n 15 of the Terms and Co tat Security Standard rule | an(s), if enrolled in nditions and |
| SECTION 6 MER | RCHAN | T BAN | K ACC | OUNT | INFOR | MATIO | N | | | | | | | | | | | | |
| In accordance with the terms set out in the Merchant Processing Agreement, funds will be transferred to/from the account as delineated. If nothing is checked, MERCHANT will receive Premium ACH. ACH can be performed by the following entities: Member Bank, NPC or any authorized agent of NPC or any Third Party Service Provider with whom you have contracted. *Subject to special approval | | | | | | | | | | | | | | | | | | | |
| Deposit Time Fram | e: 🗆 l | Premiur | m ACH | ☑ Alte | ernate F | unding* | f | | | | | | Deposit T | ype: ☑ Co | ombined | □ Ву | Ва | atch | |
| Any ACCOUNT NUMBER indicated must be a valid account number for handling ACH deposits and withdrawals. If more than one account is indicated, account #1 will be used for Sales. | | | | | | | | | | | | | | | | | | | |
| Routing #1: | 0 | 8 | 4 | 3 | 0 | 4 | 3 | 3 | 7 | 7 DDA Account Type: ☑ Checking □ Savings | | | | | | | | | |
| Account #1: | 1 | 0 | 2 | 8 | 8 | 6 | 3 | 5 | | | | | | | | | | | |
| Routing #2: | | | | | | | | | DDA | A Account Ty | /pe: □ | Checking | □ Savings | 3 | | | | | |
| Account #2: | | | | | | | | | 1 | | | | | | | | | nt is used for: edits □ Chargebacks | |

Merchant's Business Name (Legal):DOYLE PLUMBING LLC

| SECTION 7 FEE SCHEI | DULE | | | | | | | | | | | | |
|--|----------------------------------|-------------------------------------|----------|--------------|---|-----------------------|----------------------|---------------------|---------------|---|-----|-----------------|------|
| TVDE: | | at Rate [¥] ash Advance | | DISCOUNT: | | | CARD OPTIONS: | | | ll Cards □ Other Cards Debit Card Only | | | |
| BUSINESS T | YPE ☑ Retail ☐ Restaur | ant □ Mail/Tel | epho | ne Or | der ** □ Inte | rnet ** | | | | | | | |
| SUB BUSINESS T | YPE ☐ Retail Key Entered | ** □ DialPay 0 | Captu | ıre ** | □ MOTO/Ca | ırdSwipe ** | □ Large Ticket | | | | | | |
| VISA/MASTERCARD/ Ca | Discount Ra | ate | Tra | nsaction Fee | AMERICAN EXPRESS Rate Category* | | | | Discount Rate | | | Transaction Fee | |
| Base | | 3.37 | % | \$ | 0.00 | Base | | | | 3.37 | % | \$ | 0.00 |
| Mid-Qualified 1 (Not Applicable for Retail Key En | tered, MOTO, Internet, DialPay | + 0.00 | % | +\$ | 0.00 | Mid-Qualif | fied ¹ | | + | 0.00 | % | +\$ | 0.00 |
| Non-Qualified ² | | + 0.00 | % | +\$ | 0.00 | Non-Quali | fied ² | | + | 0.00 | % | +\$ | 0.00 |
| Base Debit NON PIN-Based ³ (Same as V/MC/D Discount Rate if left blank) Regulated Only ⁶ □ | | | % | +\$ | | | N | liscellaneous Pro | duct F | ees | | | |
| □ Debit PIN-Based ⁴ | Monthly Hosting Fee | | % | \$ | | □ Wireless \$ | Service ³ | | | | | , | |
| Qualified Rewards ⁵ | | | % | | e as Visa/MC/ Discover nsaction Fee | Quantity | Setup Fee \$ | Monthly Hosting Fee | Tra + \$ | nsaction F | ee | | |
| , " | ed for all transaction authoriza | tion attempts. | | | | □ Micros ³ | | | | | | | |
| Added to Base discount | | | | | | Quantity | Setup Fee | Monthly Hosting Fee | Tra | nsaction F | -00 | | |
| Added to applicable Mid-Qualified discount rate and transaction fee. Transaction fee is in addition to the applicable Base, Mid-Qualified, or Non-Qualified transaction | | | Quantity | , | , , | | | 00 | | | | | |
| fee, regardless of transaction qualification. | | | | | | \$ | \$ | +\$ | 0.00 | | | | |
| will be assessed or allocated to Merchant at the then current rate determined in accordance with | | | | | | | | | | | | | |
| NPC's standard operating procedures. | | | | | Quantity | Setup Fee | Monthly Hosting Fee | Tra | nsaction F | ee | В | atch Fee | |
| ⁵ Same as Mid-Qualified discount rate if left blank for the applicable Reward categories collected by NPC (Not Applicable for Retail Key Entered, MOTO, Internet, DialPay Merchants). | | | | | | | \$ | \$ | +\$ | | | \$ | |
| | • | • | | | | 1 | | | | | | 1 | |

^TIERED MERCHANTS ONLY - Commercial Card transactions that do not meet the requirements to qualify for preferred rates will be assessed an additional fee of 0.50% (0.0050) on such sales volume.

Regulated applies to all Base NON PIN debit transactions from issuers that are not exempt pursuant to 12 CFR Part 235. NON PIN debit transactions from exempt issuers will fall under the Base V/MC/D discount rate. If a rate is identified but the Regulated Only box is not checked, then this rate applies to all Base NON PIN debit transactions.

If the Retail Key Entered/MOTO/Internet/DialPay Business Type is selected, Rewards cards will be charged discount rates plus 0.11% (0.0011) on all transactions. NPC's processing fees and Card Brand interchange fees are included in the discount rate. All other Card Brand fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures

*AMERICAN EXPRESS - Existing American Express Number 🗆 YES 🗵 NO 🔝 If Yes, Existing American Express Account Number:

Annual Estimated or Actual American Express Volume is less than \$1,000,000.00 ☑ YES ☐ NO

If No, then you are not eligible for the American Express Program unless the MCC is excluded according to current American Express OptBlue Program limitiations. If No and your volume decreases to less than \$1,000,000, you may be converted to the American Express OptBlue Program unless you have opted out.

 $\hfill\square$ By checking this box, you elect to opt out of the American Express Program

 $\ensuremath{\square}$ By checking this box, you elect to opt out of receiving American Express Marketing Materials

SECTION 8 OCCURRENCE FEES

| □Group Annual | \$0.00 Charged in the Month of August | ACH DBA Change Fee | \$25.00 |) /each | Global FFE Auth | \$0.03 /each | | |
|--|---|---|---------------|--------------------------------|-------------------------------------|----------------|--|--|
| _ | Charged Annually | Retrieval Request | \$15.00 /each | | □Advantage Buyer Program | \$0.00 /month | | |
| □Regulatory & Compliance Fee ⁵ | \$0.00 in the Month of March | □Minimum Bill | \$0.00 | /month | TSYS FFE Auth | \$0.03 /each | | |
| □Card Brand Usage Fee (NABU) - MasterCard ³ | \$0.00 /each | □Semi Annual Fee | \$0.00 | Charged in the Months of | ☑Paper Statement | \$15.00 /month | | |
| □Card Brand Usage Fee (NABU) - Visa ³ | \$0.00 /each | | ****** | August and 6 months thereafter | □Welcome Kit | \$0.00 /once | | |
| □Application Fee | \$0.00 /once | □Early Deconversion Fee ¹ | \$0.00 | /once | Monthly Terminal Fee ² | \$2.99 /month | | |
| On File Fee | \$9.95 /month | Chargeback Fee | \$25.00 /each | | PCI PROGRAM | | | |
| Batch Fee | \$0.00 /per batch | □Address Verification | \$0.00 | /each | □SaferPayments Basic ⁴ | \$0.00 /month | | |
| Voice Authorization Fee | \$0.95 /each | □Regulatory and Compliance Fee ⁵ | \$0.00 | /annual | □SaferPayments Managed ⁴ | \$0.00 /month | | |

Return ACH(s) are subject to a \$25.00 fee for each occurrence.

1099 K Reporting is provided at No Charge

[#] INTERCHANGE MERCHANTS ONLY - CARD ORGANIZATION FEES: Visa, MasterCard and Discover Interchange fees, assessments and other fees will be assessed or allocated to Merchant at the then current rate determined in accordance with NPC's standard operating procedures.

^{*} FLAT RATE MERCHANTS ONLY - CARD ORGANIZATION FEES: All fees are included in discount rate and transaction fee above except fees related to International transactions. Does not apply to American Express.

¹The initial term of the Merchant Agreement is 3 years and automatically renews for additional 3 year periods. If this Agreement is terminated prior to the expiration of the initial term or any renewal term, you will be subject to an Early Deconversion Fee ("EDF") in accordance with the terms of Section 7.B of the Terms and Conditions. If limited by state law, these fees may be modified in accordance with Section 7B of the Terms and Conditions.

²Monthly Terminal Fee of \$2.99 will be assessed per month on all next-generation terminals, as applicable.

³The Card Brand Usage Fee (NABU) includes the MasterCard Network Assessment and Brand Usage Fee, the Visa Acquirer Processing Fee, and the Visa Base II Transaction Fee and applies to Tiered Merchants Only.

⁴See Section 15 of the Terms and Conditions for additional information. In addition, Merchant may be charged a PCI Non-Compliance fee of \$74.95 per month per MID if not in compliance with PCI Rules and Regulations. Please refer to Section 6.G of the Terms and Conditions.

⁵See Section 13 of the Terms and Conditions for additional information.

Merchant's Business Name (Legal): DOYLE PLUMBING LLC

| SECTION 9 UNLIMITED PERSONAL GUARANTY AND CREDIT INFORMATION AUTHORIZATION | | | | | | | | | | |
|---|-----------------------|---------------------------|-------------------|------------------------|--|--|--|--|--|--|
| PERSONAL GUARANTEE: In exchange for NPC's and Member Bank's acceptance of this Merchant Agreement, each person signing immediately below this paragraph (each such person, a "Guarantor") is signing this Merchant Agreement as a Guarantor of the Merchant identified on page 1 of the Merchant Agreement. By signing below, each Guarantor (i) accepts and agrees to be bound by the Continuing Unlimited Guaranty provisions starting in Section 11 of the Terms and Conditions, and (ii) acknowledges and confirms that, prior to signing, he or she received and read those Continuing Guaranty provisions. Each Guarantor individually authorizes NPC, Member Bank, and/or either of their representatives to conduct an initial and ongoing comprehensive credit investigation of him or her by utilizing a third-party credit reporting agency and/or to obtain a criminal background check. Guarantor acknowledges receipt of the Merchant Agreement, which is incorporated herein by reference as if fully set forth herein and has reviewed the Continuing Unlimited Guaranty provisions therein. | | | | | | | | | | |
| Authorized Signature of Guarantor: (Do Not Inc | clude Title) | Guarantor Name: | | | | | | | | |
| | | | | Date of Signature: | | | | | | |
| Home Address | | | City, State, ZIP: | | | | | | | |
| | | | | | | | | | | |
| Date of Birth: Soc | cial Security Number: | Phone #: | | | | | | | | |
| SECTION 10 PATRIOT ACT AND BACKGROUND AUTHORIZATION | | | | | | | | | | |
| 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. The undersigned entity(ies) and individuals hereby unconditionally authorize NPC and Member Bank or its agents to (i) investigate the information and references contained herein, and to obtain additional information about the Merchant and such individual(s) by pulling credit bureau and criminal background checks on the Merchant and its principals, including obtaining reports from consumer reporting agencies on individuals signing below as an owner or general partner of Merchant, or providing their Social Security Number on the Application (if such individual asks NPC or Member Bank whether or not a consumer report was requested, NPC and/or Member Bank will tell such individual and, if NPC and/or Member Bank received a report, NPC and/or Member Bank will give the individual the name and address of the agency that furnished it) and (ii) update such information periodically throughout the terms of service of the Merchant Agreement. By providing your SSN and signing this Application, you, in your individual capacity, unconditionally authorize NPC and Member Bank to obtain your consumer credit report. | | | | | | | | | | |
| SECTION 11 MERCHANT ACKNOWLED | GEMENTS AND SIGNATURE | | | | | | | | | |
| Merchant agrees to and accepts the terms and conditions set forth in this Application and the Terms and Conditions which are incorporated herein by reference (GEN.0123) as if fully set forth herein (collectively, the "Merchant Agreement") and acknowledges receipt of all parts of the Merchant Agreement. Merchant acknowledges that no handwritten changes have been made to the printed text of the Merchant Agreement and that the parties may produce and rely on a copy or electronically stored image of the Merchant Agreement for all legal purposes. Merchant represents, warrants and certifies to NPC and Member Bank that it has reviewed all pages of this Application, that all information provided herein is true, correct and complete and that NPC and Member Bank may rely on the information contained in this Application, without further investigation, for all purposes. Merchant acknowledges and agrees that NPC and Member Bank are in no way responsible or liable for the actions, inactions, performance or lack of performance of any third party provider or independent sales representative. Merchant represents that it has chosen for itself any services, equipment or third party selected in connection with the Merchant Agreement, and it has not relied on any promises, representations, warranties, or covenants of the independent sales representative, NPC or others. Merchant acknowledges and agrees that the Merchant Agreement shall not be altered by any prior, contemporaneous or subsequent oral representations made by any party. Merchant further authorizes the release of Merchant information in accordance with the provisions of Section 10 of the Terms and Conditions. If Merchant does not want to participate in the American Express Program, the applicable Opt Out Box has been marked. | | | | | | | | | | |
| IN WITNESS WHEREOF Merchant has caused this Agreement to be executed by its duly authorized representative effective in accordance with the terms of the Terms and Conditions. The Agreement shall be binding upon Merchant upon the earlier of Merchant's execution below or Merchant's first processed electronic transaction. | | | | | | | | | | |
| MERCHANT | | | | | | | | | | |
| Signatusm (Bignature may be evidenced by facs X MMES DULLE 024C9D6A061F417 | simile) | Name (please print) JAMES | DOYLE | ^D 8727/2024 | | | | | | |

Merchant's Business Name (Legal): DOYLE PLUMBING LLC

| TERMINAL | 0 | TY P | ROVIDER | PI | RINTER | | PROVIDER | | | PIN PA | \D | | PROVIDER |
|--|----------------|-------------|----------------------------------|----------------------------------|--------------------|------------|---|-----------|-------------|--------------------------|-------------------|------------|--------------------|
| | | 2 | CODE | | KINTEK | | CODE | | | | | HANGE | CODE |
| POS Software or Gatewa | ıy | 2 | MER | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Other: | Provide | r Code: | Other: | | | Pr | ovider Code: | Ot | her: | | | | er Code: |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| EQUIPMENT SOFTWARE | SOFTWARE N | AMF | I | | PUBLISH | HER | | | | VERSION | | | |
| | TSYS (ISSUIN | | ESSING) | | | | ROCESSING) | | | (ALL) | | | |
| EQUIPMENT OPTIONS | | 7 | THE DEFAU | LT SELECTIO | N WILL BI | E APPLIE | ED FOR ANY OF | PTION | NOT SEL | ECTED BE | LOW | | |
| □RETAIL/MOTO | | | | | | □RES1 | AURANT | | | | □CASH AD\ | /ANCE | |
| | | | Auto-Close+- | YES 🗆 N | NO | | | - | □ YES □ | | □ LODGING | i | |
| Last 4-Digits ☐ YES ☐ N | | | TIME | | | | | | □ YES □ | | FUEL DYE | S □NO |) |
| | Bar Ta | | | | □ YES □ □ YES □ | | DACCIMODD | | | | | | |
| Purchase Card/Level 2 ☐ YES ☐ N | IO | | Pre-Dia Cash Bac | | | | Suggested | _ | □ YES □ | | PASSWORD |) | |
| Invoice # Prompt ☐ YES ☐ N | IO | Debi | it Cash Bac | , . | NO | □EAST | PAY (FPS) | | | | | | ES □ NO |
| PBX Code □8 □9 | | | Max Amoun | | | | ⊐Both receipts si | ignatuı | re line | | Voi Retur | | ES □ NO ES □ NO |
| Multi-Merchant ☐ YES ☐ N First Merchant | | Auto-Clo | se Time for | Alternate Fund | lina needs | [| ∃Both receipts N | lÖ sigr | nature line | | Settlemer | | ES □ NO ES □ NO |
| MID ——— | | | | an 7:30 p.m. C | | [| □NO receipts un | der \$2 | 5.00 | | Othe | | |
| Custom Header / Footer: | | | | | | Wireles | s ID: | | | | | | |
| | | | | | | Comme | ents: | | | | | | |
| | | | | | | | | | | | | | |
| EQUIPMENT SHIPPING INSTRUC | TIONS | F | Required <u>C</u> not selecte | <u>NLY</u> if ordered d below | ed throug | h NPC - | Default shippi | ng op | tions (in | dicated by | *) will be ap | plied fo | r any option |
| | | | | | | | | | | □ Over | Night | | |
| Ship To: | ☑ Do | Not Ship | □ Merchan | t Location [*] □ | ISO Locati | ion 🗆 Oth | ner | | □ 1-3 □ | Priority | | Ground | □ Saturday |
| | | | | | | | | | | | | | |
| Attn: | | | | | | | | | Paymei | nt For Equipi | ment Will Be: | | |
| | | | | | | | | | ☐ Leas | e □ Che | eck 🗆 Cash | □ Vis | sa □ MC |
| Address: | | | | | | | | | □ Disco | over □ Ame | ex □ 30 day | (Bill Grou | dr) |
| City: | State: | Zip: | | Phone #: | | | ☐ Special Instruc | ctions: | 1 | | | | |
| NPC TO REPROGRAM/TRAIN MER | RCHANT? | YES ⊠N | NO | L | | | | | | | | | |
| NPC TO SHIP WELCOME KIT? | □YES ☑N | 0 | | | | | | | | | | | |
| WELCOME KIT SHIPPING INSTRU | | | | | | | Required | l if we | Icome kit | is shipping | to separate a | ddress f | rom above |
| Ship To: □Merchant Location * | □ISO Locatio | n □Oth | ner | | | | Attn: | | | | Phone #: | | |
| Address: | | | | | | | City: | | | | State: | | Zip: |
| SECTION 13 SITE INSPECTION IN | NFORMATION | | | | | | | | | | | L | |
| I represent and warrant that the inf | | auth in the | - onnlination | is two and ass | ata ta tha | best of m | ar knowledge In | | m I bosob | | (abaak which a | anlina). | |
| represent and warrant that the ini | ormation set i | orun in une | е аррисации | is true and acc | | | · | | on, i nereb | y certify that | (check which a | pplies): | |
| ☐ I have physically inspected the address, personally confirmed the | | | | | Busine | ss / Inve | ntory / Shipmen | its: | | | | | |
| Owner/Officer Information Section | | | | | | | ppear as represe | ented? | | | ☑YES | | □NO |
| □An NPC approved third party sit | | | | | | | and operating? | - t m - (| 2 | | ☑YES | | □NO |
| 15 days of my signature below or needed. | I have inform | ed NPC th | hat a site ins | spection is | | • | cient for business ervices delivered | | | ale? | ☑YES □YES | | ⊒NO ☑NO |
| ☑ I have not physically inspected | the husiness | nremises | of the Merc | hant: hut have | 04- | | ces charged to c | | | | ☑Order | | ⊒Shipment |
| verified the validity of the busines identity of the person listed under | s using outsid | e sources | s and confire | ned the | Are goo | | rvices delivered | ant I la | | □Digitally | • | ally [| ∃Both |
| If Fulfillment House is used, ple | | | | | ii goods | are snip | ped, is a Fulfillm | ent no | use useu | f | □YES | Ŀ | ☑NO |
| Fulfillment House Name and Address | SS: | | | | u . | | | | Fulfillme | ent House Co | ntact Information | า: | |
| | | | | | | | | | | | | | |
| Is Fulfillment House PCI DSS Comp | liant? □YES ☑ | INO | | % of | shipments b | y this ver | dor | | | | | | |
| Location Type: □Retail Store Fro | nt □Office B | uilding | ☑Residenc | I e □Industrial | Building | □Trade | Show | | I | | | | |
| | | | | DocuSigned b | | | | | Π. | P d | | | |
| Sales Organization: IMPACT PAYSYS | STEM LLC | | Sales Rep Signature: | |] | | | | | lication e: 8/20/2024 | 1 | | |

DocuSign[®]

Certificate Of Completion

Envelope Id: 5984BEA8748A4B13B8A2F083CA7D422C

Subject: Complete with Docusign: Merchant_Application_DoylePlumbing.pdf

Source Envelope:

Document Pages: 5 Signatures: 3
Certificate Pages: 5 Initials: 0

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator: Morgan Withee 1164 Vickery Lane

Suite 200

Cordova, TN 38016

registration@impactpays.net IP Address: 173.166.215.126

Record Tracking

Status: Original Holder: Morgan Withee

8/20/2024 1:45:28 PM registration@impactpays.net

Location: DocuSign

Signer Events

JAMES DOYLE

doyleplumbing.jr@gmail.com

Security Level: Email, Account Authentication

(None)

Signature

SIMES DOULE

Signature Adoption: Pre-selected Style Using IP Address: 99.108.240.87

Signed using mobile

Timestamp

Sent: 8/20/2024 1:48:06 PM Resent: 8/27/2024 10:01:22 AM Resent: 8/27/2024 12:13:09 PM Resent: 8/27/2024 1:26:52 PM Resent: 8/27/2024 1:27:12 PM Viewed: 8/27/2024 1:27:36 PM Signed: 8/27/2024 1:28:45 PM

Electronic Record and Signature Disclosure:

Accepted: 8/27/2024 1:27:36 PM ID: b0057397-fdf5-46aa-8087-0891ee0c1dfb

Dee Karawdra

registration@impactpays.net

CEO

Impact PaySystem

Security Level: Email, Account Authentication

(None)

102834A0E3294EE...

Signature Adoption: Drawn on Device Using IP Address: 173.166.215.126

Sent: 8/27/2024 1:28:46 PM Viewed: 8/27/2024 1:39:30 PM Signed: 8/27/2024 1:39:40 PM

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| In Person Signer Events | Signature | Timestamp |
|------------------------------|------------------|----------------------|
| Editor Delivery Events | Status | Timestamp |
| Agent Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Carbon Copy Events | Status | Timestamp |
| Witness Events | Signature | Timestamp |
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 8/20/2024 1:48:06 PM |

| Envelope Summary Events | Status | Timestamps | | | | | | |
|--|------------------|----------------------|--|--|--|--|--|--|
| Envelope Updated | Security Checked | 8/27/2024 1:26:51 PM | | | | | | |
| Envelope Updated | Security Checked | 8/27/2024 1:26:51 PM | | | | | | |
| Envelope Updated | Security Checked | 8/27/2024 1:26:51 PM | | | | | | |
| Envelope Updated | Security Checked | 8/27/2024 1:26:51 PM | | | | | | |
| Certified Delivered | Security Checked | 8/27/2024 1:39:30 PM | | | | | | |
| Signing Complete | Security Checked | 8/27/2024 1:39:40 PM | | | | | | |
| Completed | Security Checked | 8/27/2024 1:39:40 PM | | | | | | |
| Payment Events | Status | Timestamps | | | | | | |
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