

## MERCHANT APPLICATION AND AGREEMENT

| MERCHANT #:  |                                |                   | S           | Sales Rep. name:        |             |                                       |              | ISO #: Payme                             | entClub 101                |  |  |  |  |
|--|--------------------------------|-------------------|-------------|-------------------------|-------------|---------------------------------------|--------------|--|----------------------------|--|--|--|--|
| 1. BUSINESS INF  | ORMATION                       |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| Corporate / Legal Name   |                                |                   |             |                         | Merchant I  | Name (Dba Or Trade                    | Name):       |  |                            |  |  |  |  |
| Corporate Address:   |                                | Location Ac       | ddress:     |                         |             |                                       |              |  |                            |  |  |  |  |
| City:  | State:                         |                   |             | Zip:                    | City:       |                                       | State:       |  | Zip:                       |  |  |  |  |
| Contact Business #:  |                                | Federal Tax Ida   | #:          |                         | Contact Bu  | ısiness #:                            |              | Email Address:                           |                            |  |  |  |  |
| Years In Business:   |                                | # Of Locations    | s: 1        | Please Choose Mailing   | Address:    | DBA LEGAL                             | L            | WEBSITE:                                 |                            |  |  |  |  |
| NOTE: Failure to provide accurate information may result in a withholding of merchant funding per: IRS regulations.  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| 2. OWNERS / PARTNERS / OFFICERS All Owners with up to 25% or more ownership or owners with significant responsibility managing the legal entity must be added.   |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
|  | OWNERS /PAR                    | RTNERS /OFFICE    | :RS 1       |                         | 4           | OWNERS /PARTNERS /OFFICERS ***        |              |  |                            |  |  |  |  |
| Name:  |                                | Name: Ownership % |             |                         |             |                                       |              |  |                            |  |  |  |  |
| Title:   | % Of Ownership*<br>Guarantor** |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| Home Address:  |                                |                   |             |                         | Name:       |                                       |              |  | Ownership %                |  |  |  |  |
| City:  | State:                         |                   |             | Zip:                    | <del></del> |                                       |              |  |                            |  |  |  |  |
| Telephone:   |                                |                   |             |                         | Name:       | Name: Ownership %                     |              |  |                            |  |  |  |  |
| Social Security #:   |                                | Da                | ate of Birt | th:                     |             |                                       |              |  |                            |  |  |  |  |
| Email Address:   |                                |                   |             |                         | Additional  | Additional information for ownership: |              |  |                            |  |  |  |  |
| Prior Bankruptcies:  | Yes ■                          | No                | Busine      | ess P                   | ersonal     | Date Dis                              | scharged:    |  | <del></del>                |  |  |  |  |
|  |                                |                   |             |                         |             |                                       |              | fab audit interests                      | Sab - Client or who is the |  |  |  |  |
| *Each individual who owns, directly or indirectly through any contract, arrangment, understanding relationship or otherwise, 25% or more of the equity interests of the Client, or who is the Client's sole proprietor, must be added.  ** A Guarantor means a "beneficial owner" who is identified as the authorized signer, with significant responsibility and control (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer).  ***An addendum will be provided for any owner not stated on the application with 25% or more ownership in the aforementioned company(or legal entity) |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| 3. SALES PROF  | LE                             |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| DOES THIS LOCATION C   | URRENTLY TAKE VIS              | SA/MASTERCAF      | RD/DISCO    | OVER® NETWORK?          | es 🗌 No     | Must equal to 10                      | 0%           |  |                            |  |  |  |  |
|  |                                |                   |             |                         |             | Retail Chip/Swipe                     | <u>.</u>     |  | %                          |  |  |  |  |
| Average Ticket \$  | _                              |                   |             | nly<br>ne \$            |             | Card Present Keye                     | ed           |  | %                          |  |  |  |  |
|  | I Tones ‡                      |                   |             |                         |             | Mail/phone                            |              |  |                            |  |  |  |  |
| Funding: Regular   | Next Day                       | Same Day          | Bil         | illing type:            | Daily       | Business to Busine                    | <br>iess %   | To Consumer %                            | % To Government %          |  |  |  |  |
| 4. BUSINESS PI   | ROFILE                         |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| OWNERSHIP: MUST PROVIDE DOCUMENTATION  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| ☐ INDIVIDUAL / SOLE I  | PROPRIETOR                     | LIC               |             | ☐ PA/PC                 | PU!         | BLICLY TRADED                         |              | OTHER:                                   |                            |  |  |  |  |
| ☐ PARTNERSHIP  |                                | ■ CORPORA         | ATION       | GOVERNMENT              | _           | N-PROFIT                              | -            |  |                            |  |  |  |  |
| BUSINESS TYPE:   | RETAIL                         | RESTAURANT        |             | SERVICE I               | NTERNET     | LODGING                               | •            | OTHER:                                   |                            |  |  |  |  |
| MCC:   | Goods                          | and services:     |             |                         |             |                                       |              |  |                            |  |  |  |  |
| Bank Name:   |                                |                   |             | Routing Number #:       |             |                                       | Accour       | nt Number #:                             |                            |  |  |  |  |
| Please describe your refund / return policy:   |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| 5. SITE INSPECTION SURVEY  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| MERCHANT: OWNS RENTS NAME & ADDRESS LANDLORD/MGT.CO:   |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| AREA ZONED: COMMERCIAL INDUSTRIAL RESIDENTIAL SQUARE FOOTAGE: 0-500 501-1000 1001-2000 2001-4000 OTHER (EST. SQ. FT)   |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| INVENTORY MAINTAINED: ON SITE WAREHOUSE OFF SITE FULFILLMENT CENTER, PROVIDE NAME & ADDRESS  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| WAS THE OFF-SITE LOCATION VISITED?: Tyes No if no, explain:  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| DOES THE AMOUNT OF INVENTORY ON SHELVES, FLOOR AND IN WAREHOUSE APPEAR CONSISTENT WITH THIS TYPE OF BUSINESS AND CREDIT CARD VOLUME?:  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
|  |                                | E MANTOU TUE C    |             | DD CEDWICEC COLD LICTED | ON THE ADDI | ICATIONS:                             |              |  |                            |  |  |  |  |
| DOES THE SIGNAGE INSIDE AND OUTSIDE MATCH THE GOODS OR SERVICES SOLD LISTED ON THE APPLICATION?:    YES   NO   IF NO, EXPLAIN:  I hereby verify that I have inspected the business premises of the merchant at this address and the information stated above is correct to the best of my knowledge and belief.  |                                |                   |             |                         |             |                                       |              |  |                            |  |  |  |  |
| I hereby verify that I had<br>Inspected By (Print Nan  |                                |                   | ses of th   |                         |             |                                       | ve is correc | ct to the best of my kn<br>Date: 05/04/2 |                            |  |  |  |  |
| Inspected By (Print Nan  | ne): <u>1 0 1011</u>           | 0 101             |             | Signature:              |             |                                       |              | Date:                                    | T                          |  |  |  |  |

| 6. CARD NOT P  | PRESENT                             | INFOF                      | RMATIO  | N                         |                         |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
|--|-------------------------------------|----------------------------|---|---------------------------|-------------------------|--|--|------------------------------------|-------------|------------------|-------------------|-------------------------------------|-------------------------|------------------------|-----------|
| If you process 20% or m  1. Please submit your proplease include screen-pr  2. If internet, please che       | roduct catalo<br>ints of your v     | g, brochure<br>vebsite add | es, promotion<br>Iress if your s                        | al materials              | , a current pr          |  |  |                                    |             | nt with          | card ho           | lder if applicable                  | e. If on the i          | nternet,               |           |
| Web Hosting  | zek your type                       | _                          | Domain Re   | egistration               |                         | Web  | Page D   | esign                              |             | 1                | _                 |                                     |                         | Ci C-+                 |           |
| Selling Digital Servic   | e                                   |                            | Advertiser  | _                         |                         | Sellir   | -  | •                                  |             |                  |                   |                                     | _                       | Service Gate           | ,         |
| If you're an e-commerc   | e business o                        | r if you're s              | elling online   | , list the en             | cryption met            | _  |  |                                    |             | -                |                   |                                     |                         |                        |           |
| 3. How will the product  | he advertise                        | d or promo                 | ted?·   |                           |                         |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| <ul><li>4. Billing Methods (Chec</li><li>5. List the name(s) and a</li><li>6. Who performs product</li></ul> | k All that App<br>ddress(es) of     | oly):                      | onthly<br>r(s) from whi                                 | ch supplies a             | are purchased           | d:   |  |                                    |             |                  |                   |                                     |                         |                        |           |
| 7. Please describe how a   | sale takes pl                       | ace from b                 | eginning of o   | rder until co             | mpletion of f           | ulfillment: _  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| 7. SERVICE ACC   | CEPTANO                             | CE AND                     | FEE SC  | HEDULE                    |                         |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| Surcharge (Pass on   | Credit Card                         | processing                 | fees to cust  | omers)                    |                         |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| Credit Card Surcharge Amo  | unt                                 | -                          | % \$  |                           |                         | Debit Card Pas   | ss-thru li   | nterchange                         |             |                  |                   | 9                                   | 6 \$                    |                        |           |
| Merchant is responsible for Merchant, you agree to po store and at the point of sa card transactions.        | st signage as r                     | equired by th              | ne Card Organi  | zations or Set            | tlor that inforn        | ns Cardholder  | s and/or   | customers of                       | the Merchan | t Surcha         | rge poli          | cy. The signage sha                 | all be placed a         | t the entry poir       | nt of the |
| Pass Through Interd  | change                              |                            |   |                           |                         |  |  | _                                  |             |                  |                   |                                     |                         |                        |           |
| Visa/MasterCard/Discover   | Qual Credit                         |                            | %   | Visa/Mas                  | sterCard/Disco          | ver Qual Debi  | t  |                                    | %           | Ame              | rican Ex          | oress Qual Credit                   |                         |                        | 9         |
| ☐ Tiered ■ F   | lat Rate                            | (                          | QUAL  |                           |                         |  |  | N                                  |             |                  |                   |                                     | NON                     |                        |           |
| Visa/MasterCard/Discover   | Qual Debit                          | 3.84 %                     | 6 \$0.00  | Visa/Mas                  | sterCard/Disco          | ver Debit Mid  | Qual   | %                                  | \$          | Visa/            | 'Master(          | Card/Discover Deb                   | it Non Qual             | %                      | \$        |
| Visa/MasterCard/Discover   | Qual Credit                         | _                          | 3.84 % \$0.00 Visa/MasterCard/Discover 0                |                           |                         | over Credit Mic  | d Qual   | %                                  | % \$        |                  | 'Master(          | lasterCard/Discover Credit Non Qual |                         | %                      | \$        |
| Amex Opt Blue Qual   |                                     |                            |   | Amex Op                   | Amex Opt Blue Mid Qual  |  |  | %                                  | \$          | Ame              | x Opt Bli         | ue Non Qual                         | n Qual                  |                        | \$        |
| ERR  |                                     |                            | 0.00  |                           |                         |  |  |                                    |             |                  |                   |                                     |                         |                        | <u> </u>  |
| Visa/MC/Discover/Qual Cre  | edit                                |                            | %   | Visa/MC                   | /Discover/Qua           | ıl Debit   |  |                                    | %           | Ame              | rican Exi         | oress/Qual Credit                   |                         |                        | 9         |
| Pin Debit Fee Schedule   |                                     |                            |   | Visa, ivie                | , 2.500 (0.7) Quu       | Besit  |  |                                    |             | 7                | Trout Ex          | oress, quar create                  |                         |                        |           |
| Pass Through Pin Debit   |                                     | YOU MUST                   | SELECT TO ENA   | ABLE PIN DEB              | IT                      |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| Pin Debit Discount Rate  |                                     | 3.84                       |   |                           | %                       | Pin Debit Tr   | ansactio   | n Per Item                         |             |                  |                   | \$ O.                               | .00                     |                        |           |
| 8. AUTHORIZA   | TION. M                             | ONTH                       | LY & SPE  | CIAL PI                   | ROGRAN                  | VI FEES  |  |                                    |             |                  |                   |                                     |                         |                        |           |
|  | Amex                                |                            | Pin Debit   |                           | Pin Debit<br>Access Fee |  | Batch  | Fee \$                             | AVS         |                  | \$                | Wirelesss<br>Per Item               | \$                      | Wireless<br>Access Fee | \$        |
| Wireless<br>Activation \$  | Statement<br>Fee                    | \$                         | \$Monthly S_0.00 Internet Gateway Access Fee Access Fee |                           | \$                      | Intern<br>Gatew<br>Per Ite   | ay \$  | Voice<br>— Auth                    |             | \$ Annual Fee \$ |                   |                                     | PCI Non-<br>Compliance  | \$                     |           |
| PCI \$   | PCI<br>Annual Fee                   | \$ <u>0.00</u>             | Chargehack Retrieval                                    |                           | \$_15.00                | 1099K<br>Repor   |  | TIN Mis-Match (until validated) \$ |             |                  | ACH<br>Reject Fee | \$ <u>25.00</u>                     | ETF<br>Fee              | \$_750.00              |           |
| Next Day \$ 0.00<br>Funding<br>(cut off time 10:45 pm ET)  | Same Day<br>Funding<br>(cut off tim | \$<br>e 1:45 pm E1         | EBT \$  |                           | FCS # (pleas            | se provide cop   | y of lice  | nse):                              |             |                  |                   |                                     |                         |                        |           |
|  |                                     | \$ S                       | Start Mo/Yr   | Frequency<br>(one-time, n | nonthly, annual         | lly)   |  |                                    |             |                  | \$                | Start Mo/Yr                         | Frequency<br>(one-time, | monthly, annual        | lly)      |
| Misc Fee   |                                     |                            |   | · ·                       |                         |  |  | Misc Fee                           |             |                  |                   |                                     |                         | <u> </u>               |           |
| Misc Fee CLUB Z  | ERO                                 | \$50.00                    | 01/22   |                           | Monthly                 |  |  | Misc Fee                           |             |                  |                   |                                     |                         |                        |           |
| Misc Fee   |                                     |                            |   |                           |                         |  |  | Misc Fee                           |             |                  |                   |                                     |                         |                        |           |
| 9. EQUIPMENT   | SETUP                               |                            |   |                           |                         |  |  |                                    |             |                  |                   |                                     |                         |                        |           |
| Type of Equipment Manufacturer Model Qty   |                                     |                            |   |                           |                         | Deployment   |  |                                    |             |                  |                   |                                     |                         |                        |           |
| Terminal Pin Pad Printer VAR   |                                     |                            |   |                           |                         | Reprogram Purchased by ISO/Agent Merchant owned)  Purchased by ISO/Agent Attach Purchase Order Form)  Placement (attach Purchase Order Form) |  |                                    |             |                  |                   | lacement<br>attach placemen         | t agreemen              |                        |           |
| Terminal Pin Pad Printer VAR   |                                     |                            |   |                           |                         |  | Reprogram Purchased New Order (attach Purchase Order Form)   Placement (attach placement)   P |                                    |             |                  |                   |                                     |                         | t agreemen             |           |
| SHIPPING INSTRUCTIONS  |                                     |                            |   |                           |                         | (,,  | TERMINAL FEATURES  |                                    |             |                  |                   |                                     | .0                      |                        |           |
| SHIP TO MERCHANT   |                                     |                            |   |                           | Conn                    | Connection: Dial Ethernet Wireless 3G  |  |                                    |             |                  | Vireless 3G       |                                     |                         |                        |           |
| SHIP TO SALES REP  |                                     |                            |   |                           |                         | Auto   | Auto-Close Time:   |                                    |             |                  |                   |                                     |                         |                        |           |
| DO NOT SHIP. SALES REP PROVIDE TERMINAL. SERIAL NUMBER   |                                     |                            |   |                           |                         | Repo   | Report Type: Detailed Total Both   |                                    |             |                  |                   |                                     |                         |                        |           |
| DO NOT SHIP. SALES REP PICK UP   |                                     |                            |   |                           |                         | Speci  | Special Instructions   |                                    |             |                  |                   |                                     |                         |                        |           |

## 10. MERCHANT ACCEPTANCE AND AGREEMENT

By executing this Merchant Application on behalf of the merchant described above (the "Merchant"), the undersigned individual(s): (i) represent(s) and warrant(s) that all information contained in this Merchant Application is true, correct and complete as of the date of this Merchant Application, and that such individual(s) have the requisite corporate or company power and authority to complete and submit this Merchant Application and make and provide the acknowledgements, authorizations and agreements set forth below, both on behalf of the Merchant and individually; (ii) acknowledge(s) that the information contained in this Merchant Application is provided for the purpose of obtaining, or maintaining a merchant account with Bank on behalf of the Merchant; (iii) authorize Bank to investigate the

| Schedule set forth above a<br>Netevia website at: https:/  | nd to the Terms and Conditions included with<br>/netevia.com/merchant-agreements/ (or Merch<br>ailable on Netevia website may be amended wit   | and incorporated into thi   | of the Merchant and in the event this Merchant Application is accep<br>is Merchant Agreement; (v) has received and reviewed a copy of the<br>en provided with a paper form of these terms and conditions) and a<br>it. Merchant understands that this Agreement shall not take effect t  | e terms and conditions<br>agrees to these terms ar  | available on<br>nd conditions, (vi)   |  |  |
|--|--|---|--|---|---|--|--|
|  | starts with the following digits, you are an Esqui<br>ith the following digits, you are an FFB bank cust   |   | 254,If your Merchant account starts with the following digits, you are   | an Evolve bank custome  | er: 5581, If your   |  |  |
| Merchant: Print  | Legal Name of Merchant Business  | Date: 05/04/2024  | Signature of Principal/ Owner #1:  | Title:  | itle:   |  |  |
| Processor:   |  |   |  |   |   |  |  |
|  |  |   | Signature of Principal/ Owner #2:  | Title:  |   |  |  |
| (Name and Title): _  |  |   | Signature of Frincipaly Owner #2.  | nuc   |   |  |  |
| 11. PERSONA  | L GUARANTEE  |   |  |   |   |  |  |
| obligations of Mercha<br>Bank for all funds du<br>Merchant, and furthe<br>the renewal, extensio<br>there under. Guarant<br>agents, to debit any o<br>personal checking acc | nt to Bank under the Agreement, and pare from Merchant pursuant to the terms r waives any and all rights or defenses ar no, acceleration, or other change in the tipor confirms that Guarantor, collectively overdue fees, costs, chargebacks, fines, frount or other account owned or controlled. | ment of all sums due to of the Agreement. Goising by reason of any ment or or individually, is a pases, penalties, expensed by Guarantor, and f | or (jointly and severally if more than one) unconditionally there under, and in the event of default, hereby waives no Suarantor waives any and all rights of subrogation, reim modification or change in the terms of the Agreement whether performance there under is due, and / or any change arty to the Agreement, and unconditionally and specifical es or obligations under the Agreement and / or any contrajurther to report any default hereunder on Guarantor's per and other legal expenses, incurred by or on behalf of Bank in | tice of default and a<br>bursement or inden<br>atsoever, including,<br>in any interest or d<br>ly authorizes Bank<br>actual relationship v<br>sonal Credit Bureau | grees to indemnify<br>nnity derived from<br>without limitation,<br>liscount rate or fee<br>or their authorized<br>with Bank from any<br>Report. Guarantor |  |  |
|  |  | Date: 05/04/2   | 2024 Guarantor #2:   | D   | ate:  |  |  |
|  |  |   |  |   |   |  |  |
| 12. BANK DISC  | CLOSURE  |   |  |   |   |  |  |
| Member Bank Information:   | Member Bank Information: Evolve Banl   | c & Trust 6000 Poplar   | Avanua Suita 300 Mamphic TN 38110  |   |   |  |  |
| BANK & TRUST   | Member Bank Information: Evolve Bank   | C& 11ust, 6000 Fopiai   | Avenue, Suite 500 Mempins, 11v 36119   |   |   |  |  |
| ESQUIRE  | Member Bank Information: ESQUIRE BA  | NK, NA, 100 Jericho Q   | uadrangle, Suite 100 Jericho, NY 11753   |   |   |  |  |
| B  | Member Bank Information: FFB Bank, 7   | 690 N Palm Ave # 101  | Fresno, CA 93711   |   |   |  |  |
| <ol> <li>Bank must be a prin</li> <li>Bank is responsible which Merchants must</li> </ol>  | ity approved to extend acceptance of VIS.<br>cipal (signor) to the Merchant Agreemen<br>for educating Merchants on pertinent VIS   | t.<br>A, MasterCard, Discov   | er and American Express products directly to a Merchant. er and American Express Operating Regulations with  |   |   |  |  |
| 5. Bank is responsible   | for all funds held in reserve that are deriv   | ed from settlement.   |  |   |   |  |  |
| Important Merchant R  1. Ensure compliance v  2. Maintain fraud and  3. Review and underst   |  | requirements.   |  |   |   |  |  |
| •  | •  | •   | sede terms of the Merchant Agreement and are provided<br>Bank—is the ultimate authority should the Merchant hav  |   | hant<br>05/04/2024  |  |  |
| Merchant's Signature:  |  |   |  | Date:   | 03/04/2024  |  |  |
| Merchant's Printed Na  | me:  |   |  | Date:   |   |  |  |
|  |  |   |  |   |   |  |  |