

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|
| MERCHANT #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | Sales Rep. name: _____                                                                     |                                                                                                                                                                                                            | ISO #: Discover Data Umbrella |                |
| <b>1. BUSINESS INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| Corporate / Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                            | Merchant Name (Dba Or Trade Name):                                                                                                                                                                         |                               |                |
| Corporate Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                            | Location Address:                                                                                                                                                                                          |                               |                |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | State:                                                                                     | Zip:                                                                                                                                                                                                       |                               |                |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | State:                                                                                     | Zip:                                                                                                                                                                                                       |                               |                |
| Contact Business #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Federal Tax Id#:                                                                           | Contact Business #:                                                                                                                                                                                        |                               | Email Address: |
| Years In Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | # Of Locations: 1 | Please Choose Mailing Address: <input type="checkbox"/> DBA <input type="checkbox"/> LEGAL |                                                                                                                                                                                                            | WEBSITE:                      |                |
| NOTE: Failure to provide accurate information may result in a withholding of merchant funding per: IRS regulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>2. OWNERS / PARTNERS / OFFICERS</b> All Owners with up to 25% or more ownership or owners with significant responsibility managing the legal entity must be added.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>OWNERS /PARTNERS /OFFICERS 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                            | <b>OWNERS /PARTNERS /OFFICERS ***</b>                                                                                                                                                                      |                               |                |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                            | Name: _____ Ownership % _____                                                                                                                                                                              |                               |                |
| Title: _____ % Of Ownership* _____<br>Guarantor** <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                            | Name: _____ Ownership % _____                                                                                                                                                                              |                               |                |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                            | Name: _____ Ownership % _____                                                                                                                                                                              |                               |                |
| City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                            | Name: _____ Ownership % _____                                                                                                                                                                              |                               |                |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                            | Additional information for ownership: _____                                                                                                                                                                |                               |                |
| Social Security #: _____ Date of Birth: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| Email Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| Prior Bankruptcies: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Business <input type="checkbox"/> Personal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                            | Date Discharged: _____                                                                                                                                                                                     |                               |                |
| *Each individual who owns, directly or indirectly through any contract, arrangement, 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.<br>** 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).<br>***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) |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>3. SALES PROFILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| DOES THIS LOCATION CURRENTLY TAKE VISA/MASTERCARD/DISCOVER® NETWORK? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                            | <b>Must equal to 100%</b>                                                                                                                                                                                  |                               |                |
| Average Ticket \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                            | Retail Chip/Swipe %                                                                                                                                                                                        |                               |                |
| Maximum Ticket \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                            | Card Present Keyed %                                                                                                                                                                                       |                               |                |
| Monthly Volume \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                            | Mail/phone %                                                                                                                                                                                               |                               |                |
| Funding: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Next Day <input type="checkbox"/> Same Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                            | Internet %                                                                                                                                                                                                 |                               |                |
| Billing type: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Daily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                            | Business to Business % _____ To Consumer % _____ To Government % _____                                                                                                                                     |                               |                |
| <b>4. BUSINESS PROFILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>OWNERSHIP: MUST PROVIDE DOCUMENTATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> PA/PC <input type="checkbox"/> PUBLICLY TRADED <input type="checkbox"/> OTHER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> NON-PROFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>BUSINESS TYPE:</b> <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SERVICE <input type="checkbox"/> INTERNET <input type="checkbox"/> LODGING <input checked="" type="checkbox"/> OTHER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| MCC: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | Goods and services: _____                                                                  |                                                                                                                                                                                                            |                               |                |
| Bank Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Routing Number #: _____                                                                    |                                                                                                                                                                                                            | Account Number #: _____       |                |
| Please describe your refund / return policy: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>5. SITE INSPECTION SURVEY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>MERCHANT:</b> <input type="checkbox"/> OWNS <input type="checkbox"/> RENTS NAME & ADDRESS LANDLORD/MGT.CO: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>AREA ZONED:</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                            | <b>SQUARE FOOTAGE:</b> <input type="checkbox"/> 0-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001-2000 <input type="checkbox"/> 2001-4000 <input type="checkbox"/> OTHER (EST. SQ. FT) |                               |                |
| <b>INVENTORY MAINTAINED:</b> <input type="checkbox"/> ON SITE <input type="checkbox"/> WAREHOUSE OFF SITE <input type="checkbox"/> FULFILLMENT CENTER , PROVIDE NAME & ADDRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>WAS THE OFF-SITE LOCATION VISITED?:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>DOES THE AMOUNT OF INVENTORY ON SHELVES , FLOOR AND IN WAREHOUSE APPEAR CONSISTENT WITH THIS TYPE OF BUSINESS AND CREDIT CARD VOLUME?:</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| <b>DOES THE SIGNAGE INSIDE AND OUTSIDE MATCH THE GOODS OR SERVICES SOLD LISTED ON THE APPLICATION?:</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |
| Inspected By (Print Name): Asher Khafizov Signature: _____ Date: 11/29/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                            |                                                                                                                                                                                                            |                               |                |

## 6. CARD NOT PRESENT INFORMATION

If you process 20% or more of your credit card volume without chip and or card present, please complete the section below:

1. Please submit your product catalog, brochures, promotional materials, a current price list, and a copy of your service agreement with card holder if applicable. If on the internet, please include screen-prints of your website address if your site is not yet active.
2. If internet, please check your type of business.

☐ Web Hosting ☐ Domain Registration ☐ Web Page Design ☐ Auction ☐ Internet Service Gateway  
☐ Selling Digital Service ☐ Advertisement ☐ Selling Hard Goods ☐ Other: \_\_\_\_\_

If you're an e-commerce business or if you're selling online, list the encryption methods, vendors and controls used to secure transaction information \_\_\_\_\_

3. How will the product be advertised or promoted?: \_\_\_\_\_
4. Billing Methods (Check All that Apply): ☐ Monthly \_\_\_\_\_ % ☐ Yearly \_\_\_\_\_ % ☐ Quarterly \_\_\_\_\_ % ☐ One Time \_\_\_\_\_ % ☐ Hourly \_\_\_\_\_ %
5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased: \_\_\_\_\_
6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor Name, address and phone number in full: \_\_\_\_\_
7. Please describe how a sale takes place from beginning of order until completion of fulfillment: \_\_\_\_\_

## 7. SERVICE ACCEPTANCE AND FEE SCHEDULE

☐ Surcharge (Pass on Credit Card processing fees to customers)

| Credit Card Surcharge Amount | % | \$ | Debit Card Pass-thru Interchange | % | \$ |
|------------------------------|---|----|----------------------------------|---|----|
|------------------------------|---|----|----------------------------------|---|----|

Merchant is responsible for all processing fees on Card transactions. If Merchant does not apply a Surcharge to a Card transaction, the Merchant is still responsible for the associated processing fees. As a Surcharge Merchant, you agree to post signage as required by the Card Organizations or Settlor that informs Cardholders and/or customers of the Merchant Surcharge policy. The signage shall be placed at the entry point of the store and at the point of sale. When conducting an ecommerce transaction, the surcharge disclosure shall appear on the first page that references credit card brands and shall include the % of the surcharge on credit card transactions. **American Express shall deduct a fee from each Charge from Merchant submitted to American Express by Bank (or ISO) for settlement ("Wholesale Fee"). The Wholesale Fee is not interchange.**

☐ Pass Through Interchange

|                                                                               |               |                                          |      |                                          |      |
|-------------------------------------------------------------------------------|---------------|------------------------------------------|------|------------------------------------------|------|
| Visa/MasterCard/Discover Qual Credit                                          | %             | Visa/MasterCard/Discover Qual Debit      | %    | American Express Qual Credit             | %    |
| <input type="checkbox"/> Tiered <input checked="" type="checkbox"/> Flat Rate | QUAL          |                                          | MID  |                                          | NON  |
| Visa/MasterCard/Discover Qual Debit                                           | 3.84 % \$0.00 | Visa/MasterCard/Discover Debit Mid Qual  | % \$ | Visa/MasterCard/Discover Debit Non Qual  | % \$ |
| Visa/MasterCard/Discover Qual Credit                                          | 3.84 % \$0.00 | Visa/MasterCard/Discover Credit Mid Qual | % \$ | Visa/MasterCard/Discover Credit Non Qual | % \$ |
| Amex Opt Blue Qual                                                            | 3.84 % \$0.00 | Amex Opt Blue Mid Qual                   | % \$ | Amex Opt Blue Non Qual                   | % \$ |

☐ ERR

|                              |   |                             |   |                              |   |
|------------------------------|---|-----------------------------|---|------------------------------|---|
| Visa/MC/Discover/Qual Credit | % | Visa/MC/Discover/Qual Debit | % | American Express/Qual Credit | % |
|------------------------------|---|-----------------------------|---|------------------------------|---|

### Pin Debit Fee Schedule

☐ Pass Through Pin Debit Network Fees. **YOU MUST SELECT TO ENABLE PIN DEBIT**

|                                                  |   |                                |    |
|--------------------------------------------------|---|--------------------------------|----|
| <input type="checkbox"/> Pin Debit Discount Rate | % | Pin Debit Transaction Per Item | \$ |
|--------------------------------------------------|---|--------------------------------|----|

## 8. AUTHORIZATION, MONTHLY & SPECIAL PROGRAM FEES

|                                                     |                                                     |                                                          |                                         |                                                            |                                          |                            |                                         |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|------------------------------------------|----------------------------|-----------------------------------------|
| Visa/MC/Discover \$ 0.00                            | Amex \$ _____                                       | Pin Debit \$ _____                                       | Pin Debit Access Fee \$ _____           | Batch Fee \$ _____                                         | AVS \$ _____                             | Wireless Per Item \$ _____ | Wireless Access Fee \$ _____            |
| Wireless Activation \$ _____                        | Statement Fee \$ _____                              | Monthly Minimum \$ 0.00                                  | Internet Gateway Access Fee \$ _____    | Internet Gateway Per Item \$ _____                         | Voice Auth \$ _____                      | Annual Fee \$ _____        | PCI Non-Compliance \$ _____             |
| PCI Monthly Fee \$ _____                            | PCI Annual Fee \$ 99.00                             | Chargeback Fee \$ 25.00                                  | Retrieval Fee \$ 15.00                  | 1099K Reporting \$ _____                                   | TIN Mis-Match (until validated) \$ _____ | ACH Reject Fee \$ 25.00    | ETF Fee \$ 750.00                       |
| Next Day Funding (cut off time 10:45 pm ET) \$ 0.00 | Same Day Funding (cut off time 1:45 pm ET) \$ _____ | Pass Through Dues & Assessments <input type="checkbox"/> | Pin Debit Annual Fee                    | EBT \$ _____ FCS # (please provide copy of license): _____ |                                          |                            |                                         |
|                                                     | \$                                                  | Start Mo/Yr                                              | Frequency (one-time, monthly, annually) |                                                            | \$                                       | Start Mo/Yr                | Frequency (one-time, monthly, annually) |
| Misc Fee                                            |                                                     |                                                          |                                         | Misc Fee                                                   |                                          |                            |                                         |
| Misc Fee Care Program                               | \$49.99                                             | 01/20                                                    | Monthly                                 | Misc Fee                                                   |                                          |                            |                                         |
| Misc Fee                                            |                                                     |                                                          |                                         | Misc Fee                                                   |                                          |                            |                                         |

## 9. EQUIPMENT SETUP

| Type of Equipment                                                                                                                | Manufacturer | Model | Qty | Deployment                                                                                          |                                                                                                      |                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------|--------------|-------|-----|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| <input type="checkbox"/> Terminal <input type="checkbox"/> Pin Pad <input type="checkbox"/> Printer <input type="checkbox"/> VAR |              |       |     | <input type="checkbox"/> Reprogram (merchant owned) <input type="checkbox"/> Purchased by ISO/Agent | <input type="checkbox"/> New Order (attach Purchase Order Form)                                      | <input type="checkbox"/> Placement (attach placement agreement) |  |
| <input type="checkbox"/> Terminal <input type="checkbox"/> Pin Pad <input type="checkbox"/> Printer <input type="checkbox"/> VAR |              |       |     | <input type="checkbox"/> Reprogram (merchant owned) <input type="checkbox"/> Purchased by ISO/Agent | <input type="checkbox"/> New Order (attach Purchase Order Form)                                      | <input type="checkbox"/> Placement (attach placement agreement) |  |
| SHIPPING INSTRUCTIONS                                                                                                            |              |       |     | TERMINAL FEATURES                                                                                   |                                                                                                      |                                                                 |  |
| <input type="checkbox"/> SHIP TO MERCHANT                                                                                        |              |       |     | Connection:                                                                                         | <input type="checkbox"/> Dial <input type="checkbox"/> Ethernet <input type="checkbox"/> Wireless 3G |                                                                 |  |
| <input type="checkbox"/> SHIP TO SALES REP                                                                                       |              |       |     | Auto-Close Time:                                                                                    |                                                                                                      |                                                                 |  |
| <input type="checkbox"/> DO NOT SHIP. SALES REP PROVIDE TERMINAL SERIAL NUMBER                                                   |              |       |     | Report Type:                                                                                        | <input type="checkbox"/> Detailed <input type="checkbox"/> Total <input type="checkbox"/> Both       |                                                                 |  |
| <input type="checkbox"/> DO NOT SHIP. SALES REP PICK UP                                                                          |              |       |     | 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 credit of the Merchant and each person listed on this Merchant Application; (iv) agree, on behalf of the Merchant and in the event this Merchant Application is accepted and executed by Bank, to the Fee Schedule set forth above and to the Terms and Conditions included with and incorporated into this Merchant Agreement; (v) has received and reviewed a copy of the terms and conditions available on Netevia website at: <https://netevia.com/merchant-agreements/> (or Merchant requested and has been provided with a paper form of these terms and conditions) and agrees to these terms and conditions, (vi) Terms and Conditions available on Netevia website may be amended with prior notice to merchant. Merchant understands that this Agreement shall not take effect until Merchant has been approved by the Bank and a merchant number is issued.

\*If your Merchant account starts with the following digits, you are an Esquire bank customer: 9180, 9254, If your Merchant account starts with the following digits, you are an Evolve bank customer: 5581, If your Merchant account starts with the following digits, you are an FFB bank customer: 7421. If your merchant account starts with 7185 you are a North American Banking Company customer.

Merchant: \_\_\_\_\_ Date: 11/29/2025 Signature of Principal/ Owner #1: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Legal Name of Merchant Business

Processor: \_\_\_\_\_  
(Signature): Merma Ramgopal  
(Name and Title): \_\_\_\_\_ Signature of Principal/ Owner #2: \_\_\_\_\_ Title: \_\_\_\_\_

## 11. PERSONAL GUARANTEE

In consideration of Bank's acceptance of this Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify Bank for all funds due from Merchant pursuant to the terms of the Agreement. Guarantor waives any and all rights of subrogation, reimbursement or indemnity derived from Merchant, and further waives any and all rights or defenses arising by reason of any modification or change in the terms of the Agreement whatsoever, including, without limitation, the renewal, extension, acceleration, or other change in the time any payment or other performance there under is due, and / or any change in any interest or discount rate or fee there under. Guarantor confirms that Guarantor, collectively or individually, is a party to the Agreement, and unconditionally and specifically authorizes Bank or their authorized agents, to debit any overdue fees, costs, chargebacks, fines, fees, penalties, expenses or obligations under the Agreement and / or any contractual relationship with Bank from any personal checking account or other account owned or controlled by Guarantor, and further to report any default hereunder on Guarantor's personal Credit Bureau Report. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank in connection with the enforcement of this Guaranty.

Guarantor #1: \_\_\_\_\_ Date: \_\_\_\_\_ Guarantor #2: \_\_\_\_\_ Date: \_\_\_\_\_

## 12. BANK DISCLOSURE

Member Bank  
Information:



Member Bank Information: Evolve Bank & Trust, 6000 Poplar Ave, Suite 300 Memphis, TN 38119



Member Bank Information: ESQUIRE BANK, NA, 100 Jericho Quadrangle, Suite 100 Jericho, NY 11753. (516)535-2002



Member Bank Information: FFB Bank, 7690 N Palm Ave # 101 Fresno, CA 93711



Member Bank Information: North American Banking Company, 1901 Oakcrest Ave, Suite 9a Roseville, MN 55113

1. Bank is the only entity approved to extend acceptance of VISA, MasterCard, Discover and American Express products directly to a Merchant.
2. Bank must be a principal (signor) to the Merchant Agreement.
3. Bank is responsible for educating Merchants on pertinent VISA, MasterCard, Discover and American Express Operating Regulations with which Merchants must comply.
4. Bank is responsible for and must provide settlement funds to the Merchant.
5. Bank is responsible for all funds held in reserve that are derived from settlement.

### Important Merchant Responsibilities:

**Important Merchant Responsibilities:** 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— Bank —is the ultimate authority should the Merchant have any problems.

Merchant's Signature: \_\_\_\_\_ Date: 11/29/2025  
Merchant's Printed Name: \_\_\_\_\_ Date: 11/29/2025

This addendum will be provided for any owner not stated on the application with 25% or more ownership in the aforementioned company (or legal entity).

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above: (Please provide copy of driver's license for each signing principal)

## OWNERS/PARTNERS /OFFICERS

|               |         |            |        |                |             |             |                                                          |
|---------------|---------|------------|--------|----------------|-------------|-------------|----------------------------------------------------------|
| FIRST NAME:   | MIDDLE: | LAST NAME: | SSN #: | DATE OF BIRTH: | TITLE:      | %OWNERSHIP: | CONTROLLER OFFICER:                                      |
|               |         |            |        |                |             |             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HOME ADDRESS: |         | CITY:      | STATE: | ZIP:           | STATE ID #: | HOME PHONE: |                                                          |
|               |         |            |        |                |             |             |                                                          |
| FIRST NAME:   | MIDDLE: | LAST NAME: | SSN #: | DATE OF BIRTH: | TITLE:      | %OWNERSHIP: | CONTROLLER OFFICER:                                      |
|               |         |            |        |                |             |             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HOME ADDRESS: |         | CITY:      | STATE: | ZIP:           | STATE ID #: | HOME PHONE: |                                                          |
|               |         |            |        |                |             |             |                                                          |
| FIRST NAME:   | MIDDLE: | LAST NAME: | SSN #: | DATE OF BIRTH: | TITLE:      | %OWNERSHIP: | CONTROLLER OFFICER:                                      |
|               |         |            |        |                |             |             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HOME ADDRESS: |         | CITY:      | STATE: | ZIP:           | STATE ID #: | HOME PHONE: |                                                          |
|               |         |            |        |                |             |             |                                                          |

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).

## MERCHANT APPLICATION ADDITIONAL SIGNER ADDENDUM

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 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 credit of the Merchant and each person listed on this Merchant Application; (iv) agree, on behalf of the Merchant and in the event this Merchant Application is accepted and executed by Bank, to the Fee Schedule set forth above and to the Terms and Conditions included with and incorporated into this Merchant Agreement. Merchant understands that this Agreement shall not take effect until Merchant has been approved by Bank and a merchant number is issued.

Merchant: \_\_\_\_\_ Date: 11/29/2025 Signature of Principal/ Owner #2: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature of Principal/ Owner #3: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Principal/ Owner #4: \_\_\_\_\_ Title: \_\_\_\_\_

## PERSONAL GUARANTEE

In consideration of Bank's acceptance of this Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify

Bank for all funds due from Merchant pursuant to the terms of the Agreement. Guarantor waives any and all rights of subrogation, reimbursement or indemnity derived from Merchant, and further waives any and all rights or defenses arising by reason of any modification or change in the terms of the Agreement whatsoever, including, without limitation, the renewal, extension, acceleration, or other change in the time any payment or other performance there under is due, and / or any change in any interest or discount rate or fee there under.

Guarantor confirms that Guarantor, collectively or individually, is a party to the Agreement, and unconditionally and specifically authorizes Bank or their authorized agents, to debit any overdue fees, costs, chargebacks, fines, fees, penalties, expenses or obligations under the Agreement and / or any contractual relationship with Bank from any personal checking account or other account owned or controlled by Guarantor, and further to report any default hereunder on Guarantor's personal Credit Bureau Report. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank in connection with the enforcement of this Guaranty.

Guarantor #2: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor #3: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor #4: \_\_\_\_\_ Date: \_\_\_\_\_