2590 Hollywood Blvd, Hollywood, FL 33020

MERCHANT APPLICATION AND AGREEMENT

MERCHANT #: Sales Rep. name: ISO #:										
1. BUSINESS INFORMATION										
Corporate / Legal Name	<u>. </u>		Merchant Name (Dba Or Trade Name):							
Corporate Address:			Location Address:							
City:	State:	Zip:	City: State: Zip:							
Contact Business #:	Federal Tax I	-	Contact Business #: Email Address:							
Years In Business:	# Of Location			_						
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.										
2. OWNERS / PA	OWNERS / PARTNERS / OFFIC	· · · · · · · · · · · · · · · · · · ·	le ownersmp	OWNERS /PARTNERS /OFFICERS ***	eu.					
Name:			Name:	Ownership %						
Title:		Of Ownership* arantor** ☐ Yes ☐ No	- Cwitciship //							
Home Address:			Name:	Ownership %						
City:	State:	Zip:	_							
Telephone:			Name:	Ownership %						
Social Security #:	D	ate of Birth:								
Email Address:			Additional	l information for ownership:						
Prior Bankruptcies:	Yes No [Business Pe	ersonal	Date Discharged:						
*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	ILE									
DOES THIS LOCATION C	URRENTLY TAKE VISA/MASTERCA	ARD/DISCOVER® NETWORK?								
Average	Maximum	Monthly		Retail Chip/Swipe Card Present Keyed	%					
Ticket \$	Ticket \$	Volume \$		Mail/phone	%					
				Internet	%					
Funding: Regular	☐ Next Day ☐ Same Day	Billing type: Monthly	Daily	Business to Business % To Consumer % To Government %						
4. BUSINESS PI	ROFILE									
OWNERSHIP: MUST PR	OVIDE DOCUMENTATION									
☐ INDIVIDUAL / SOLE I	_	☐ PA/PC		BLICLY TRADED						
PARTNERSHIP	CORPOR			DN-PROFIT						
BUSINESS TYPE: RETAIL RESTAURANT SERVICE INTERNET LODGING OTHER:										
MCC: Bank Name:	Goods and services:	Routing Number #:		Account Number #:						
Please describe your re	fund / return policy	Nouting Number #.		Account Number #.						
,										
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?: YES 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?: YES NO IF NO, EXPLAIN:										
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. Signature: Date:										

6. CARD NOT PRESENT	INFOR	MATION	J												
If you process 20% or more of your cr 1. Please submit your product catalog please include screen-prints of your w 2. If internet please check your type of	, brochures ebsite addr	, promotiona ess if your sit	al materials,	a current price					nt with	card ho	lder if applicable	e. If on the in	nternet,		
2. If internet, please check your type of business. Web Hosting Domain Registration Web Page Design Auction Internet Service Gateway															
						Hard Good						_		,	
If you're an e-commerce business or	if vou're se	elling online.	list the enci	ryption method				_	•						
3. How will the product be advertised			not the ener	- yption method		ana contr	013 43		- cransc						
4. Billing Methods (Check All that Appl	y): 🗌 Moi	nthly	_ %	Yearly	%	Qua	arterly	%		One T	Time %	, <u></u>	lourly	%	
5. List the name(s) and address(es) of t6. Who performs product/service fulfil	he vendor(s) from whic	h supplies ar	e purchased: .											
7. Please describe how a sale takes pla														_	
7. SERVICE ACCEPTANC	E AND	FEE SCH	IEDULE											_	
Surcharge (Pass on Credit Card p	rocessing 1	fees to custo	mers)												
Credit Card Surcharge Amount		% \$		Debi	it Card Pass-t	thru Intercha	ange				9	% \$			
Merchant is responsible for all processing Merchant, you agree to post signage as re- store and at the point of sale. When condu- card transactions. American Express shall of	quired by the acting an eco	e Card Organiza Immerce trans	ations or Settle action, the su	or that informs C rcharge disclosur	ardholders ar e shall appea	nd/or custor ar on the frst	mers of t page t	the Merchar that referenc	it Surcha es credit	rge polic	cy. The signage sha ands and shall incl	all be placed a ude the % of t	t the entry poin the surcharge or	nt of the	he
Pass Through Interchange															
Visa/MasterCard/Discover Qual Credit		%	Visa/Mast	erCard/Discover	Qual Debit	Debit			6 American Express Qual Cr			edit			%
☐ Tiered ☐ Flat Rate	QI	UAL					M	IID					NO	NON	
Visa/MasterCard/Discover Qual Debit	%	\$	Visa/Mast	erCard/Discover I	Debit Mid Qu	ıal	%	\$	Visa	/MasterC	Card/Discover Deb	it Non Qual	%	\$	
Visa/MasterCard/Discover Qual Credit	%	\$	Visa/Mast	Credit Mid Q	tual	%	% \$ V		/Master0	erCard/Discover Credit Non Qual		%	\$		
Amex Opt Blue Qual	Amex Opt Blue Qual % \$ Amex Opt Blue Mid Qual						%	\$	Ame	x Opt Blu	ue Non Qual		%	\$	
☐ ERR															
Visa/MC/Discover/Qual Credit								%	Ame	rican Exp	oress/Qual Credit				%
Pin Debit Fee Schedule						·									
Pass Through Pin Debit Network Fees. \	OU MUST SI	ELECT TO ENA	BLE PIN DEBIT	г											
Pin Debit Discount Rate				% Pi	in Debit Trans	saction Per I	tem				\$				
8. AUTHORIZATION, M	ONTHĽ	Y & SPE	CIAL PR	OGRAM	FEES										
Visa/MC/ Discover \$ Amex	\$	Pin Debit	\$	Pin Debit Access Fee \$_	В	Batch Fee	e \$ AVS				Wirelesss Per Item	\$	Wireless Access Fee	\$	
Wireless Statement Activation \$ Fee	\$	Monthly Minimum	\$	Internet Gateway Access Fee	G	nternet Gateway Per Item	\$ Voice Auth		\$ Annual Fee		Annual Fee	\$ PCI Non- Compliance \$_		\$	
PCI PCI Monthly Fee Annual Fee	\$	Chargeback	k \$	Retrieval Fee \$_	1	L099K Reporting	\$	TIN Mis-Match (until validated)			1 -		ETF Fee	\$	
	Ś	Pass Through				(and tonaded) /									
Funding Funding	Funding Funding Dues & Annual Fee					EBT \$ FCS # (please provide copy of license):								—	
	\$ Sta	art Mo/Yr	Frequency (one-time, mo	onthly, annually)	·					\$	Start Mo/Yr	Frequency (one-time,	monthly, annual	ly)	
Misc Fee						М	isc Fee								
Misc Fee	Misc Fee					Misc Fee									
Misc Fee						Misc Fee									
9. EQUIPMENT SETUP	<u>'</u>											<u>'</u>			
Type of Equipment Manufacturer Model Qty					Deployment New Order										
Terminal Pin Pad Printer VAR					(merc	Reprogram Purchased New Order Placement (attach Purchase Order Form) Placement (attach Purchase Order Form)						t agre	ement)		
Terminal Pin Pad Printer VAR					Reprogram Purchased New Order (attach Purchase Order Form) Placement (attach Purchase Order Form)							t agre	ement)		
SHIPPING INSTRUCTIONS					TERMINAL FEATURES										
SHIP TO MERCHANT					+	Connection: Dial Ethernet Wireless 3G					Vireless 3G				
SHIP TO SALES REP	AINAI SEDIAI	NIIMBER			Auto-Close Time: Report Type: Detailed Total Both					loth					
DO NOT SHIP. SALES REP PROVIDE TERMINAL. SERIAL NUMBER DO NOT SHIP. SALES REP PICK UP					+ -		╀	7 nergilled		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.

Bank and a merchant number is issued.	via website may be amended with	ii prior notice to incre	mant. Merchant understands that this Agreement shair in	of take effect until Merchant has been approved by the
			30, 9254,If your Merchant account starts with the following count starts with 7185 you are a North American Banking	digits, you are an Evolve bank customer: 5581, If your Merchant Company customer.
Merchant:		Date:	Signature of Principal/ Owner #1:	Title:
Print Legal Name of Merchant Business				
(Signature):				
(Name and Title):	gopas		Signature of Principal/ Owner #2:	Title:
11. PERSONAL GUARA	NTEE			
obligations of Merchant to Bank und Bank for all funds due from Merchan and further waives any and all right extension, acceleration, or other co- Guarantor confirms that Guarantor, overdue fees, costs, chargebacks, find or other account owned or controlled	der the Agreement, and payn nt pursuant to the terms of the s or defenses arising by reasc ange in the time any payme collectively or individually, i ess, fees, penalties, expenses o ed by Guarantor, and further	ment of all sums due the Agreement. Guar on of any modificat ent or other perforn is a party to the Agr or obligations under r to report any defa	tion or change in the terms of the Agreement what mance there under is due, and / or any change in terment, and unconditionally and specifically authors the Agreement and / or any contractual relations!	raives notice of default and agrees to indemnify mbursement or indemnity derived from Merchant, tsoever, including, without limitation, the renewal, n any interest or discount rate or fee there under. orizes Bank or their authorized agents, to debit any hip with Bank from any personal checking account reau Report. Guarantor agrees to pay all costs and
Guarantor #1:		Date:	Guarantor #2:	Date:
12. BANK DISCLOSURE				
12. DAIN DISCLOSONE				
Member Bank Information:				
T. (01)/E	Member Bank Information	on: Evolve Bank & T	rust, 6000 Poplar Ave, Suite 300 Memphis, TN 383	119
EVOLVE BANK & TRUST				
BF0 1000	Member Bank Information 11753. (516)535-2002	on: ESQUIRE BANK,	NA, 100 Jericho Quadrangle, Suite 100 Jericho, N	Y
ESQUIRE	11733. (310)333-2002			
B	Member Bank Information	on: FFB Bank, 7690	N Palm Ave # 101 Fresno, CA 93711	
North American Banking Company	Member Bank Information Roseville, MN 55113	on: North American	n Banking Company, 1901 Oakcrest Ave, Suite 9a	
Bank is the only entity approved t	o extend acceptance of VISA	A, MasterCard, Disc	over and American Express products directly to a	Merchant.
 Bank must be a principal (signor) Bank is responsible for educating which Merchants must comply. 			cover and American Express Operating Regulation	s with
Bank is responsible for and must p	provide settlement funds to	the Merchant.		
5. Bank is responsible for all funds h	eld in reserve that are derive	ed from settlement	:	
Important Merchant Responsibilitie	s:			
			ersede terms of the Merchant Agreement and ar — Bank —is the ultimate authority should the Mo	erchant have any problems.
				Date:
Merchant's Printed Name:				Date:



POINT OF SALE PURCHASE AND INSTALLATION AGREEMENT

BUSINESS INFORMATION									
Legal Name:	DBA:								
Legal Address:	Physical Address:								
City, State:	City, State: Zip:								
EIN:	Phone:		Email:						
EQUIPMENT INFORMATION	MONTHLY PLACEMENT PURCHASE								
EQU	COUNT	MONTHLY	TOTAL	COUNT	RETAIL	TOTAL			
Sunmi P3 Mix			\$10.00	\$		\$450.00	\$		
Sunmi T3 Pro Max				\$27.50	\$		\$1175.00	\$	
Sunmi T3 Pro Max Super			\$32.50	\$		\$1400.00	\$		
Sunmi P3H				\$5.00	\$		\$220.00	\$	
Sunmi D2s KDS				\$8.00	\$		\$375.00	\$	
Sunmi P3HK				\$5.00	\$		\$235.00	\$	
Sunmi P2 Smartpad				\$5.50	\$		\$265.00	\$	
Sunmi D3 Pro				\$8.50	\$		\$400.00	\$	
Sunmi P3 Mix Base				\$2.00	\$		\$95.00	\$	
Sunmi P3 Mix Swivel Base				\$2.50	\$		\$115.00	\$	
Sunmi P3 Mix Customer Display (NI	FC)			\$2.00	\$		\$95.00	\$	
Sunmi P3 Mix Wall Mount Vesa				\$1.50	\$		\$50.00	\$	
Sunmi Max Cash Drawer				\$2.00	\$		\$75.00	\$	
Sunmi 2D Handheld Scanner Gun			\$1.00	\$		\$40.00	\$		
Sunmi 2D Handheld Scanner Base				\$0.50	\$		\$15.00	\$	
Sunmi Cloud Printer				\$4.00	\$		\$175.00	\$	
Sunmi Mini AP				\$1.75	\$		\$75.00	\$	
Sunmi D3 Pro Sub-Monitor				\$3.50	\$		\$150.00	\$	
Sunmi T3 PRO Separate Monitor 10'	1			\$6.50	\$		\$290.00	\$	
POS License Paloma	Cutflow Greta			\$	\$		\$	\$	
				\$	\$		\$	\$	
				\$	\$		\$	\$	
				\$	\$		Ś	\$	
Total: \$				•	\$		T	\$	
INSTALLATION SETUP INSTRU	ICTIONS				7			7	
Contact Name:	Contact Phone:				Contact	Email:			
Sales Rep Name:	Sales Rep Phone:	:				ep Email:			
Taxes	Inventory	Mult	i Menu		Online ord	ering		Discounts	
Table map	Employees		1 Menu 1 enu		Employee		Coupons		
Tips	Clock in/out		en Display	Printer mapping				AutoBatch	
·			ivery integration Gift cards					Tip Pooling	
NOTES	, ,								

The undersigned individual agrees that all information contained in this POINT OF SALE PURCHASE AND INSTALLATION AGREEMENT is correct and the undersigned individual has the authority to submit this application and acknowledges that equipment placed will follow all terms and conditions as outlined in www.wowbrand.com/equipmentplacementagreement

Agent Name Agent Signature Date

ISO Name ISO Signature Date