

MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship _____ Association _____
 Sales Rep Name Kristen Losh Application Date 01/14/2026

1. GENERAL INFORMATION	2. BUSINESS LOCATION INFORMATION	3. BUSINESS STRUCTURE
Client's Business Name (Doing Business As) <u>Joel bar</u>	Client's Corporate/Legal Name (Must match IRS income tax filing) <u>Joel Bar LLC</u>	
Location Address <u>123 Smith Street</u>	Corporate Address (If Different Than Location) <u>123 Smith Street</u>	
City <u>Orlando</u> State <u>Florida</u> Zip <u>07123</u>	City <u>Orlando</u> State <u>Florida</u> Zip <u>07123</u>	
Location Phone <u>9733242251</u> Location Fax _____	Contact Name <u>Joel</u> Contact Phone <u>9733242251</u>	
Customer Service Phone <u>9733242251</u> Prior Security Breach? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Email <u>kristen@pcbancard.com</u> D&B# _____	
Business Website Address _____	Fed Tax ID # (Must match IRS income tax filing) <u>12-589631</u> Tax Type <u>LLC</u>	
Multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter # of locations <u> </u>	Tax Filing Name <u>Joel Bar LLC</u>	
Send retrieval/chargeback requests to <input type="checkbox"/> Corporate Address <input type="checkbox"/> Location Address	Date Business Started <u>04/01/2000</u> Length Current Ownership <u>26</u>	
Send monthly merchant statements to <input type="checkbox"/> Corporate Address <input type="checkbox"/> Location Address <input type="checkbox"/> Do Not Mail		
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Govt. (Local/State/Federal) <input type="checkbox"/> 501c/Tax Ex. State Filing: <input type="checkbox"/>		
I certify that I am a foreign entity / nonresident alien. <input type="checkbox"/> (If checked, please attach IRS Form W-8.)		NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.3 of your Program Guide for further information.)

4. OWNERS/PARTNERS/OFFICERS	5. TRADE REFERENCE																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">OWNER/PARTNER/OFFICER 1</th> <th style="width:50%;">OWNER/PARTNER/OFFICER 2</th> </tr> </thead> <tbody> <tr> <td>Name <u>Joel Smith</u></td> <td>Name _____</td> </tr> <tr> <td>Title <u>Owner</u> % Ownership <u>100</u></td> <td>Title _____ % Ownership _____</td> </tr> <tr> <td>Home Address <u>1234 Corner St</u></td> <td>Home Address _____</td> </tr> <tr> <td>City <u>Orlando</u> State <u>FL</u> Zip <u>07123</u></td> <td>City _____ State _____ Zip _____</td> </tr> <tr> <td>Telephone <u>9733242251</u> DL/ID# <u>B1236547</u> Issued State <u>Florida</u> Exp Date <u>01/12/2026</u></td> <td>Telephone _____ DL/ID# _____ Issued State _____ Exp Date _____</td> </tr> <tr> <td>Social Security # <u>152460785</u> Date of Birth <u>12/25/1982</u></td> <td>Social Security # _____ Date of Birth _____</td> </tr> <tr> <td>Email Address <u>kristen@pcbancard.com</u></td> <td>Email Address _____</td> </tr> </tbody> </table>	OWNER/PARTNER/OFFICER 1	OWNER/PARTNER/OFFICER 2	Name <u>Joel Smith</u>	Name _____	Title <u>Owner</u> % Ownership <u>100</u>	Title _____ % Ownership _____	Home Address <u>1234 Corner St</u>	Home Address _____	City <u>Orlando</u> State <u>FL</u> Zip <u>07123</u>	City _____ State _____ Zip _____	Telephone <u>9733242251</u> DL/ID# <u>B1236547</u> Issued State <u>Florida</u> Exp Date <u>01/12/2026</u>	Telephone _____ DL/ID# _____ Issued State _____ Exp Date _____	Social Security # <u>152460785</u> Date of Birth <u>12/25/1982</u>	Social Security # _____ Date of Birth _____	Email Address <u>kristen@pcbancard.com</u>	Email Address _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TRADE REFERENCE</th> </tr> </thead> <tbody> <tr> <td>Business Name _____</td> </tr> <tr> <td>Business Address _____</td> </tr> <tr> <td>City _____ State _____ Zip _____</td> </tr> <tr> <td>Contact _____</td> </tr> <tr> <td>Telephone _____</td> </tr> <tr> <td>Prior Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Business and/or <input type="checkbox"/> Personal Date Discharged _____</td> </tr> </tbody> </table>	TRADE REFERENCE	Business Name _____	Business Address _____	City _____ State _____ Zip _____	Contact _____	Telephone _____	Prior Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business and/or <input type="checkbox"/> Personal Date Discharged _____
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Patriot Act Notice: To fight the funding of terrorism and money laundering, we are required to obtain, verify and record information that identifies each person (including business entities) who opens an account. To allow us to identify you, we will ask for your name, physical address, date of birth and tax payer ID and may ask for other information, such as your driver's license or other documents.

6. NATURE OF BUSINESS	7. TRANSACTION INFORMATION (see Section 9 American Express)
Business Type: <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Internet <input type="checkbox"/> Government <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Mail/Telephone Order <input type="checkbox"/> Petroleum <input type="checkbox"/> Utilities <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> QSR <input type="checkbox"/> Charity/Non Profit <input type="checkbox"/> B2B <input type="checkbox"/> Other	
Requested Monthly Payment Card Volume <u>75000</u>	Card Present Swiped <u>90</u> Sales to Consumers <u>100</u>
Requested Average Payment Card Ticket <u>50</u>	Card Present Not Swiped <u>10</u> Sales to Business _____
Requested Highest Payment Card Ticket _____	MOTO <u>0</u> Sales to Govt. _____
Seasonal Merchant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (circle open months if yes)	Internet (Ecommerce) _____ Days to Delivery _____
J F M A M J J A S O N D	Previous Processor _____
	Reason For Leaving _____
Description of products or services sold <u>drinks and food</u>	
Describe your return policy _____	

8. BANKING ACCOUNT INFORMATION			
Deposit Bank Name <u>Wells Fargo</u>	Routing# <u>125896</u>	Account# <u>89765421</u>	ACH Method: <input checked="" type="checkbox"/> Combined <input type="checkbox"/> Individual
Fees Bank Name <u>Wells Fargo</u>	Routing# <u>125896</u>	Account# <u>8765421</u>	

Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)

Visa Credit Visa Non-PIN Debit MasterCard Credit MasterCard Non-PIN Debit Discover Network American Express PIN Debit

Select V/MC/Discover Network Discount Plan: (Based on Gross Sales Volume)

Tiered Basic Flat Rate

Pass Through I/C

Discount Payment Method: _____ Daily Monthly

Assessments: _____ Included Bill Separately
(If Pass Through I/C - Assessments **MUST** Bill Separately)

Brand Fees: _____ Included Bill Separately
(If Pass Through I/C - Brand Fees **MUST** Bill Separately)

Select PinDebit Discount Plan:

_____ Pin Debit Network Fee Pass-through + _____ % Markup

Discount Fees

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
MasterCard			Visa			Discover Network		
Credit Qual			Credit Qual			Credit Qual		
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
CheckCard Qual			CheckCard Qual			CheckCard Qual		
CheckCard Mid-Qual			CheckCard Mid-Qual			CheckCard Mid-Qual		
CheckCard Non-Qual			CheckCard Non-Qual			CheckCard Non-Qual		
Credit Pass Through IC	3.99		Credit Pass Through IC	0.40		Credit Pass Through IC	0.40	
CheckCard Pass Through IC	.40		CheckCard Pass Through IC	0.40		CheckCard Pass Through IC	0.40	
ERR			ERR			ERR		

Voyager

All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.

American Express

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	OptBlue SM	Amex Direct
			Monthly Card Volume <u>3000</u>	_____ Order New _____ Use Existing
Credit Qual			OptBlue SM	CAP # _____
Credit Mid-Qual			Average Card Ticket <u>35</u>	Existing SE # _____
Credit Non-Qual			OptBlue SM	Monthly flat fee of \$7.95 or Discount Rate may apply
Credit Pass Through IC	0.40		Highest Card Ticket _____	
ERR			SE # _____	
			Select OptBlueSM Discount Plan:	
			<input type="checkbox"/> Tiered Basic <input type="checkbox"/> Flat Rate	
			<input checked="" type="checkbox"/> Pass Through I/C	
			<input type="checkbox"/> Enhanced Recover Reduction (ERR)	

Fee applies to all American Express Programs.

*0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards.

An Inbound fee of 0.40% will be applied on any Charge made using a Card, including Prepaid Cards, that was issued outside the United States (as used herein, the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions). This fee is applicable to all industries listed in Appendix B, except Education in the following categories: Sporting & Recreation Camps (MCC 7032), Elementary & Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).

By checking this box, you opt out of receiving future commercial marketing communications from American Express.

Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Authorization Fees

Monthly Fees

Visa/MC/Discover Network	_____ Electronic AVS	_____	Monthly Minimum	<u>25.00</u>	Industry Compliance	<u>9.95</u>
Amex/Fleet/Other	_____ Voice Authorization	<u>0.10</u>	Wireless Fee	_____	Monthly Service Fee	_____
Pin Debit Authorization	_____ Voice AVS	_____	PIN Debit Fee	_____	Misc Monthly Fee	_____
EBT Authorization	_____ TIN-Mis-Match	<u>24.99</u>	Industry Non-Compliance (up to \$39.95)	<u>39.95</u>	(if applicable per Section 4.8 of the Merchant Program Guide)	

Miscellaneous Fees

MX Merchant Fees

Sales Transaction Fee (All card types)	_____ (per item)	Chargeback Fee	<u>35.00</u> (per occurrence)	MX Merchant Monthly Fee	
Retrieval Fee (All card types)	<u>15.00</u> (per occurrence)	Return Transaction Fee	_____ (per item)	MX Merchant Plan	<input type="checkbox"/> Reporting <input type="checkbox"/> Basic <input type="checkbox"/> Plus
Batch Fee	_____ (per item)	Annual Fee	_____	MX Gateway Transaction Fee	<input type="checkbox"/> Premium <input type="checkbox"/> Enterprise
ACH Reject	<u>35.00</u> (per occurrence)	Annual Fee Bill Month	_____	Bill to	<input type="checkbox"/> Statement <input type="checkbox"/> Separate

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a _____ early termination fee in accordance with Part III, Section A.3 of the Merchant Program Guide.

10. OTHER CARD TYPES

Accept EBT <input type="checkbox"/> Yes <input type="checkbox"/> No	Order Voyager <input type="checkbox"/> Yes <input type="checkbox"/> No	Order ACH/Check Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Accept EBT Cash Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	Order Wright Express <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Must attach Wright Express application and Debranding letter with app copy)</small>	<small>(Must attach addendum with app copy)</small> Order Gift Card <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Must attach addendum with app copy)</small>

11a. EQUIPMENT / PROCESSING METHOD

Application Type	Retail <input type="checkbox"/>	Retail w/ Tip <input type="checkbox"/>	MOTO <input type="checkbox"/>	Restaurant w/ Tip <input type="checkbox"/>	Quick Serve Restaurant (no tip) <input type="checkbox"/>	Hotel <input type="checkbox"/>	Auto Rental <input type="checkbox"/>
Terminal Features	Yes	No	Yes	No	Yes	No	
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card <input type="checkbox"/>	<input type="checkbox"/>	Invoice/Purchase Order # <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AVS + CVV2	<input type="checkbox"/>	<input type="checkbox"/>	Server/Clerk # <input type="checkbox"/>	<input type="checkbox"/>	Auto Close Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, time? _____	

IP Connection? Yes No If yes, Terminal Serial _____ Special Requests (Multi-Mid, Dial 9, etc): _____

Wireless? Yes No Wireless Info: MAN/Serial _____ SIM Card Number _____

TYPE OF EQUIPMENT	PRODUCT NAME	QUANTITY	DEPLOYMENT
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>	na		Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
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Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>

***Manufacturer/product/version of PC/Internet Software** _____

Do you use any third party to store, process, or transmit cardholder data? Yes No

If yes, give name/address: _____

ORDER LEASE _____ Lease Company _____ Lease Term _____ Mos. _____ Annual Tax Handling Fee **\$10.20**

Total Monthly Lease Charge _____ w/o taxes, lates fees, or other charges that may apply - See Lease Agreement for details.

This is a **NON-CANCELLABLE** lease for the full term indicated Client's initials: _____

11b. CARD NOT PRESENT INFORMATION

If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.

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 using the Internet, list encryption method, vendor, 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: _____

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed) Kristen Losh Signature X Kristen Losh

13. SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version #118911v1) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 7, Transaction Information section and Section 9, American Express above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and SYNOVUS Bank ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Social Security numbers are classified as "Confidential" information under the PRIORITY Data Classification Retention and Disposal Policy. As such, Social Security numbers may only be accessed by and disclosed to PRIORITY team members and others with a legitimate business "need to know" in accordance with applicable laws and regulations. Social Security numbers, whether in paper or electronic form, are subject to physical, electronic and procedural safeguards, and must be stored, transmitted and disposed of in accordance with the provision of the information applicable to Confidential information. These restrictions apply to all Social Security numbers collected or retained by PRIORITY.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

Client's Business Principal / Officer

Signature X  Title Owner

Print Name of Signer Joe Smith Date 01/14/2026

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for PRIORITY and Synovus Bank (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature X  Print Name: Joe Smith Date 01/14/2026

Personal Guarantee Signature X _____ Print Name: _____ Date _____

Accepted By

Priority Payment Systems, LLC
P.O. BOX 246, Alpharetta, GA 30009-0246

Synovus Bank
1111 Bay Ave, Columbus, GA 31901

Signature X _____ Signature X _____

Part I: Confirmation Page

PROCESSOR Name: Priority Payment Systems
 INFORMATION: Address: P.O. Box 246, Alpharetta, GA30009-0246
 URL: https://www.pps.io/programguide/ Customer Service#: 1-855-813-5293

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 21 of the Card Processing General Terms.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms, Events of Default Section 24 and, Reserve Account; Security Interest 25), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part III, Section A.3 of the Merchant Program Guide.
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**
10. **For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-855-813-5293, and / or refer to Important Phone Numbers on the Additional Important Information Page, Part III, Section A.4.**
11. **Card Organization Disclosure**

Visa and MasterCard Member Bank Information: Synovus Bank

The Bank's mailing address is 1111 Bay Avenue, Columbus, Georgia 31901, and its phone number is (706) 649-4900.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserves that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements. b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain assigned copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- g) You may download "MasterCard Regulations" from MasterCard's website at: <https://www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf>

Print Client's Business Legal Name:

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [Version #118911v1] consisting of 46 pages (including this confirmation)

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

<https://www.pps.io/programguide/>

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below): 

X _____

Joe Smith

Owner

01/14/2026

Please Print Name of Signer

Title

Date

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

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): _____

Merchant Legal Name: _____ Merchant Federal Tax ID (as it appears on income tax return): _____ Merchant State of formation/Incorporation: _____
 Merchant Address: _____ Merchant Entity Type _____

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Beneficial Owner Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date
Control Prong (and/or additional Beneficial Owner) Legal Name	Title	% of Legal Entity Ownership: _____%	
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip	Date of Birth	
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):	Control Prong? <input type="checkbox"/> Yes	
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date

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

Certifications and Signatures:

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

Authorized Signer Signature _____ Date Signed _____ Authorized Signer Printed Name _____ Processor's Rep. Signature _____ Date Signed _____ Processor's Rep. Printed Name _____



BUSINESS INFORMATION

Business Name	<input type="text" value="Joes bar"/> <small>DBA or Trade name on your signage</small>	<input type="text" value="Joes Bar LLC"/> <small>Corporate Legal Business Name</small>
Business Location Address	<input type="text" value="123 Smith Street"/> <input type="text" value="Orlando"/> <input type="text" value="Florida"/>	Years in Business <input type="text" value="26"/> <small>Street Name / City / State / Zip</small>
Business Type	<input type="text" value="Restaurant"/> <small>Retail/Restaurant/Service/Gov't/Lodging/Supermarket/Petroleum/Healthcare/Education/Othe</small>	<input type="text" value="LLC"/> <small>Individual/Sole-Prop/S-Corp/C-Corp/Non-Profit/LLC/LLP/Partnership/Gov't/Other</small>
Business Phone/Email	<input type="text" value="+"/> <input type="text" value="9733242251"/> <small>Business Phone</small>	<input type="text" value="kristen@pcbancard.com"/> <small>Business Email</small>
Business Website	<input type="text" value="https://pcbancard.com/"/> <small>Leave blank if none</small>	Average Ticket & Volume <input type="text" value="50"/> <small>Estimated Average Credit/Debit Card Ticket</small>
Federal Tax ID	<input type="text" value="12-589631"/> <small>If Sole Prop you may use your SS #</small>	<input type="text" value="150000"/> <small>Estimated Annual VS/MC/AMEX/DISC Volume</small>
Business Mailing Address	<input type="text"/> <small>If different from location address - otherwise leave blank</small>	

OWNER INFORMATION

Owner/Officer/ Partner Name	<input type="text" value="Joe Smith"/>	
Owner/Officer/ Phone/Email	<input type="text" value="+"/> <input type="text" value="9733242251"/> <small>Personal Phone</small>	<input type="text" value="kristen@pcbancard.com"/> <small>Personal Email</small>
Date of Birth	<input type="text" value="12/25/1982"/> <small>Month/Date/Year</small>	Owner/Officer/Partner Home Address <input type="text" value="1234 Corner St"/> <input type="text" value="Orlando"/> <input type="text" value="Fl"/>
Soc Sec #	<input type="text" value="152460785"/>	<input type="text" value="07123"/> <small>Street Name / City / State / Zip</small>

PLEASE PROVIDE A COPY OF DRIVERS LICENSE, BUSINESS LICENSE, VOIDED CHECK OR BANK LETTER, PROCESSING STATEMENTS AND BANK STATEMENTS



Equipment Purchase Agreement

Merchant DBA

Address

Phone

Terminal Type

Quantity Price (each)

Total (excluding sales tax)

All accounts will be charged \$ monthly fee per terminal

I, the undersigned, agree and understand that I will be billed via electronic ACH for this purchase. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor

Date

Printed Name of Authorized Signor

Sim Cards for Wireless Terminals

Activation Fee: \$15.00

Monthly Fees based on Data Allowance

Choose Plan:

- 1 MB \$7.50
- 10 MB \$16.50
- 100 MB \$29.95
- 1 GB \$44.95

I, the undersigned, agree and understand that I will be billed via ACH, monthly, for these fees. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor

Date

Printed Name of Authorized Signor



PCBancard

420 Boulevard Suite 206 Mountain Lakes, NJ 07046

PCB Download Sheet

DBA Name: Joes bar

Address: 123 Smith Street

City: Orlando

State: Florida Zip: 07123

Phone: 9733242251

Agent Name: Kristen Losh

PCB Internal Use

TSYS

FISERV (FD)

Other _____

Terminal Type: P1 QTY 1 P3 QTY P5 QTY

QD1 QTY QD2 QTY QD4 QTY QD5 QTY

S300 QTY OTHER QTY

POS Type: HotSauce POS Dejapaypro POS OVVI POS

Union POS Tabit POS

SVC Fee % 3.99 (For Dual Pricing)

File Build Type: Retail Retail w/Tip Restaurant

Auto Close (time if required) _____ AVS CVV2 EBT

IP WiFi Mobile Data (Sim Card)

Ship to: Merchant Agent

Additional Notes:

NA

PCBancard
420 Boulevard, Suite 206
Mountain Lakes, NJ 07046
Phone: (973) 324-2251
Fax: (973) 201-1036



PCI COMPLIANCE MERCHANT AGREEMENT

PCBancard is offering to assist the Merchant in completing the PCI compliance questionnaire, as we know it can be confusing and tedious under the following conditions:

1. ****Hold Harmless Agreement****: The Merchant agrees to hold PCBancard harmless from any liability, loss, or damage of any kind arising from the assistance provided.
2. ****Indemnification****: The Merchant will indemnify PCBancard against any losses or claims related to the support given in obtaining PCI compliance.
3. ****Merchant's Responsibility****: It is acknowledged that the responsibility for achieving PCI compliance lies solely with the Merchant. PCBancard will assist.
4. ****Nature of Assistance****: PCBancard's assistance is intended to help the merchant facilitate compliance but does not constitute a guarantee of accuracy or completeness regarding the Merchant's specific circumstances. PCBancard makes no representation or warranty that the services provided are adequate to ensure compliance, as there are factors beyond their knowledge or control that may affect the Merchant's business. PCBancard's assistance is at no cost to any merchant PCBancard will assist in good faith.

MyDoJo Friendswood

Business Name

1-11-2026

Date

Vincent Holmes

01/11/26

Owner Signature

VINCENT HOLMES

Owner Name (Printed)

Batch Report

DBA: Speedee Oil Change Midas - Watson

TPN: 933425838984

BATCH: 107 (with fee)

BASE AMOUNT:\$4,909.04

CREDIT/DEBIT TOTAL:\$4,970.19

TOTAL AMOUNT:\$4,970.19

ALTERNATIVE PAYMENT TOTAL:

\$0.00

SETTLEMENT DATE: 01-13-2026 - 20:33:23 (EST)

TIP: \$0.00

FEE: \$61.15

TAX: \$0.00

EXCLUDING TIP: \$4,970.19

EXCLUDING FEE: \$4,909.04

EXCLUDING TAX: \$4,970.19

**Expected Settlement Amount (Base + Tip + Tax)*

SUMMARY

Transaction Type

Transaction Type	Number Of Transactions	Sub Total	Fee	Total (\$)
SALE	30	\$4,909.04	\$61.15	\$4,970.19

Card Brand

Card Brand	Number Of Transactions	Sub Total	Fee	Total (\$)
AMEX	1	\$107.85	\$3.23	\$111.08
MASTERCARD	5	\$530.33	\$6.65	\$536.98
VISA	24	\$4,270.86	\$51.27	\$4,322.13

CARD PAYMENTS

Report Type	No. of Txn	Tip Percentage %	Tip	Excluding Tip	Total
SALE	30		\$0.00	\$4,970.19	\$4,970.19

SALE



**0507

Base
\$88.60

Fee
\$2.65

Tip
\$0.00

Tax
\$0.00

\$91.25

Invoice Number : 000001
External Id : 0

Approval Code : 04566M
Date(POS) : 01-13-2026 - 08:15

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA

SALE



**6964

Base
\$73.50

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$73.50

Invoice Number : 000002
External Id : 0

Approval Code : 003173
Date(POS) : 01-13-2026 - 08:30

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: ROMERO SERGI

SALE



**2858

Base
\$57.13

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$57.13

Invoice Number : 000003
External Id : 0

Approval Code : 862507
Date(POS) : 01-13-2026 - 09:29

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: ARCELEOPOLDC

SALE	 **5495	Base \$103.60	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$103.60
Invoice Number : 000004 External Id : 0	Approval Code : 711052 Date(POS) : 01-13-2026 - 10:35	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: GASPAJOSE ALF			
SALE	 **3878	Base \$117.85	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$117.85
Invoice Number : 000005 External Id : 0	Approval Code : 867327 Date(POS) : 01-13-2026 - 10:48	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: VILLANUEVARO;			
SALE	 **3878	Base \$10.97	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$10.97
Invoice Number : 000006 External Id : 0	Approval Code : 867422 Date(POS) : 01-13-2026 - 10:50	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: VILLANUEVARO;			
SALE	 **1174	Base \$93.60	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$93.60
Invoice Number : 000007 External Id : 0	Approval Code : 183499 Date(POS) : 01-13-2026 - 11:39	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: FLORESRUTH T			
SALE	 **4681	Base \$47.13	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$47.13
Invoice Number : 000008 External Id : 0	Approval Code : 027947 Date(POS) : 01-13-2026 - 11:43	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: AVALOS RICARD			
SALE	 **3051	Base \$614.83	Fee \$18.44	Tip \$0.00	Tax \$0.00	\$633.27
Invoice Number : 000009 External Id : 0	Approval Code : 06031D Date(POS) : 01-13-2026 - 12:11	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: RENTERIA RAMII			
SALE	 **3142	Base \$107.85	Fee \$3.23	Tip \$0.00	Tax \$0.00	\$111.08
Invoice Number : 000010 External Id : 0	Approval Code : 829280 Date(POS) : 01-13-2026 - 12:14	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: ROBINSONCHAF			
SALE	 **7891	Base \$93.60	Fee \$2.80	Tip \$0.00	Tax \$0.00	\$96.40
Invoice Number : 000011 External Id : 0	Approval Code : 237742 Date(POS) : 01-13-2026 - 13:26	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: MESINA NORAY			
SALE	 **6636	Base \$85.56	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$85.56
Invoice Number : 000012 External Id : 0	Approval Code : 053321 Date(POS) : 01-13-2026 - 13:33	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: MADRIGALSOFI/			
SALE	 **7451	Base \$176.07	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$176.07
Invoice Number : 000013 External Id : 0	Approval Code : 391626 Date(POS) : 01-13-2026 - 14:06	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: RUBLEGARY A			
SALE	 **3960	Base \$133.59	Fee \$4.00	Tip \$0.00	Tax \$0.00	\$137.59

Invoice Number : 000014
External Id : 0

Approval Code : 08202Z
Date(POS) : 01-13-2026 - 14:09

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: PEREZALEJAND

SALE



Base
\$149.77

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$149.77

Invoice Number : 000015
External Id : 0

Approval Code : 192937
Date(POS) : 01-13-2026 - 14:23

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: IMAGENTAMARA

SALE



Base
\$144.06

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$144.06

Invoice Number : 000016
External Id : 0

Approval Code : 887232
Date(POS) : 01-13-2026 - 14:31

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: ABARCAGISELLE

SALE



Base
\$68.24

Fee
\$2.04

Tip
\$0.00

Tax
\$0.00

\$70.28

Invoice Number : 000017
External Id : 0

Approval Code : 03582D
Date(POS) : 01-13-2026 - 14:44

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: GRAVEKENT

SALE



Base
\$47.13

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$47.13

Invoice Number : 000018
External Id : 0

Approval Code : 891295
Date(POS) : 01-13-2026 - 15:25

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA

SALE



Base
\$68.24

Fee
\$2.04

Tip
\$0.00

Tax
\$0.00

\$70.28

Invoice Number : 000019
External Id : 0

Approval Code : 50268D
Date(POS) : 01-13-2026 - 15:28

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: GARLANDMARK

SALE



Base
\$47.13

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$47.13

Invoice Number : 000020
External Id : 0

Approval Code : 163520
Date(POS) : 01-13-2026 - 15:32

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: FARMCLARA S E

SALE



Base
\$73.50

Fee
\$2.20

Tip
\$0.00

Tax
\$0.00

\$75.70

Invoice Number : 000021
External Id : 0

Approval Code : 04009C
Date(POS) : 01-13-2026 - 15:37

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: MONTEJOCRIST

SALE



Base
\$136.37

Fee
\$4.09

Tip
\$0.00

Tax
\$0.00

\$140.46

Invoice Number : 000022
External Id : 0

Approval Code : 39438D
Date(POS) : 01-13-2026 - 15:46

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA

SALE



Base
\$1,140.43

Fee
\$0.00

Tip
\$0.00

Tax
\$0.00

\$1,140.43

Invoice Number : 000023
External Id : 0

Approval Code : 527388
Date(POS) : 01-13-2026 - 15:47

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: TORREZJAIME

SALE



Base
\$53.89

Fee
\$1.61

Tip
\$0.00

Tax
\$0.00

\$55.50

Invoice Number : 000024
External Id : 0

Approval Code : 03928C
Date(POS) : 01-13-2026 - 15:51

Tag 1 : NA
Tag 2 : NA

Tag 3 : NA
Name: MONTEJOCRIST

SALE	 **3656	Base \$47.13	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$47.13
Invoice Number : 000025 External Id : 0	Approval Code : 884347 Date(POS) : 01-13-2026 - 15:55	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: RECERVANTESB			
SALE	 **0873	Base \$68.24	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$68.24
Invoice Number : 000026 External Id : 0	Approval Code : 005163 Date(POS) : 01-13-2026 - 16:12	Tag 1 : NA Tag 2 : NA	Tag 3 : NA			
SALE	 **5051	Base \$601.99	Fee \$18.05	Tip \$0.00	Tax \$0.00	\$620.04
Invoice Number : 000027 External Id : 0	Approval Code : 666273 Date(POS) : 01-13-2026 - 16:15	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: LOPEZ SALAZAR			
SALE	 **6653	Base \$93.60	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$93.60
Invoice Number : 000028 External Id : 0	Approval Code : 898509 Date(POS) : 01-13-2026 - 16:55	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: YBARRADAVID A			
SALE	 **8742	Base \$175.45	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$175.45
Invoice Number : 000029 External Id : 0	Approval Code : 38665Z Date(POS) : 01-13-2026 - 17:11	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: KELLERNANCY /			
SALE	 **0673	Base \$189.99	Fee \$0.00	Tip \$0.00	Tax \$0.00	\$189.99
Invoice Number : 000030 External Id : 0	Approval Code : 103613 Date(POS) : 01-13-2026 - 17:31	Tag 1 : NA Tag 2 : NA	Tag 3 : NA Name: NARANJOELIJAH			



2001 WESTSIDE PKWY
Alpharetta, GA, 30004
United States

Statement

Bill to	Details
PCBancard 420 BOULEVARD SUITE 206 MOUNTAIN LAKES, NJ, 07046 United States	Statement Number Issue date Pending Payment terms Auto-Draft Billing ID Billing Account Number P852155082611290 Product ID 3

Summary for Oct 01, 2025 - Oct 31, 2025

Total Sales	Transaction Count
\$95,205.80	625

Type	Amount(\$)
Transaction Fees	34.59
Card Network Fees	1,107.74
Other Processing Fees	8.45
Partner Fees (no revenue share items)	7.25
Revenue Programs	1.50
Subtotal in USD:	\$1,159.53
Tax (0%):	\$0.00
Amount Due:	\$1,159.53

Your account will be automatically charged for the amount due. No action is required on your part.

Transaction Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Authorization: Decline, MasterCard, IP	5	--	--	0.02	0.10
Authorization: Purchase, MasterCard, IP	62	--	--	0.02	1.24
Authorization: Decline, Visa, IP	5	--	--	0.02	0.10
Authorization: Purchase, Visa, IP	541	--	--	0.02	10.82
Authorization: Purchase, American Express, IP	15	--	--	0.035	0.53
Authorization: Purchase, Discover, IP	7	--	--	0.02	0.14
Authorization Other: Batch, Transmittals	22	--	--	0.015	0.33
Sale: Mid-Qualified, MasterCard, Credit	5	482.82	0.02%	--	0.10
Sale: Non-Qualified, MasterCard, Credit	31	9,725.20	0.02%	--	1.94
Sale: Qualified, MasterCard, Credit	5	1,952.41	0.02%	--	0.39
Sale: Mid-Qualified, Visa, Credit	85	14,138.77	0.02%	--	2.83
Sale: Non-Qualified, Visa, Credit	2	184.88	0.02%	--	0.04
Sale: Qualified, Visa, Credit	8	586.89	0.02%	--	0.12
Sale: Mid-Qualified, American Express, Credit	3	1,283.98	0.11%	--	1.41
Sale: Qualified, American Express, Credit	12	1,251.44	0.11%	--	1.38
Sale: Mid-Qualified, Discover, Credit	4	346.20	0.02%	--	0.07
Sale: Qualified, Discover, Credit	1	48.54	0.02%	--	0.01
Sale: Qualified, MasterCard, Debit	21	2,174.05	0.02%	--	0.44
Sale: Mid-Qualified, Visa, Debit	10	2,254.87	0.02%	--	0.45
Sale: Qualified, Visa, Debit	436	60,665.80	0.02%	--	12.13
Sale: Qualified, Discover, Debit	2	109.95	0.02%	--	0.02
Total					34.59

Card Network Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Interchange: AM Service/Professional Service Tier 1, American Express, Credit	12	1,251.44	1.60%	0.1	21.21
Interchange: AM Service/Professional Service Tier 2, American Express, Credit	3	1,283.98	2.10%	0.1	27.27
Interchange: DS PSL Retail Prem, Discover, Credit	1	70.28	1.74%	0.1	1.32
Interchange: DS PSL Retail Rewards, Discover, Credit	3	275.92	1.72%	0.1	5.04
Interchange: DS Retail Core, Discover, Credit	1	48.54	1.57%	0.1	0.86
Interchange: MC Business Level 1 Data Rate I, MasterCard, Credit	1	122.38	2.65%	0.1	3.34
Interchange: MC Business Level 4 Data Rate I, MasterCard, Credit	1	70.28	2.95%	0.1	2.17
Interchange: MC Business Level 5 Data Rate I, MasterCard, Credit	4	424.31	3.00%	0.1	13.13
Interchange: MC Commercial Data Rate 1 Level 3, MasterCard, Credit	2	1,828.32	2.85%	0.1	52.31
Interchange: MC Corp Data Rate 1, MasterCard, Credit	2	239.97	2.65%	0.1	6.56
Interchange: MC Enhanced Merit3 Base, MasterCard, Credit	1	106.70	1.80%	0.1	2.02
Interchange: MC High Value Merit3 Base 1, MasterCard, Credit	3	1,337.66	2.30%	0.1	31.06
Interchange: MC Merit3 CR, MasterCard, Credit	2	614.75	1.65%	0.1	10.34
Interchange: MC World Elite Merit3, MasterCard, Credit	21	7,039.94	2.30%	0.1	164.04
Interchange: MC World Merit3, MasterCard, Credit	4	376.12	1.90%	0.1	7.55
Interchange: VS Business Tier 1 Product 2, Visa, Credit	1	61.78	1.90%	0.1	1.27
Interchange: VS Business Tier 2 Product 2, Visa, Credit	2	172.10	2.05%	0.1	3.73
Interchange: VS Business Tier 3 Product 2, Visa, Credit	1	105.93	2.10%	0.1	2.32
Interchange: VS Business Tier 4 Product 2, Visa, Credit	2	234.78	2.20%	0.1	5.37
Interchange: VS Business Tier 5 Product 2, Visa, Credit	3	647.03	2.25%	0.1	14.86
Interchange: VS Purchasing CR Product 2, Visa, Credit	2	184.88	2.50%	0.1	4.82
Interchange: VS VS Product 2, Visa, Credit	10	678.11	1.65%	0.1	12.19
Interchange: VS VS Services CR, Visa, Credit	7	2,151.84	1.85%	0.1	40.51

Interchange: VS VSP Product 2, Visa, Credit	33	2,464.38	2.10%	0.1	55.06
Interchange: VS VSP Services, Visa, Credit	21	6,042.04	2.30%	0.1	141.07
Interchange: VS VT Product 2, Visa, Credit	2	104.17	1.51%	0.1	1.77
Interchange: VS VT Services, Visa, Credit	4	1,477.03	1.55%	0.1	23.29
Interchange: VS VTR Product 2, Visa, Credit	6	482.72	1.65%	0.1	8.56
Interchange: VS VTR Services, Visa, Credit	1	103.75	1.70%	0.1	1.86
Interchange: DS PSL Retail DB, Discover, Debit	2	109.95	1.10%	0.16	1.53
Interchange: MC Merit3 DB, MasterCard, Debit	5	628.73	1.05%	0.15	7.34
Interchange: MC Merit3 PPD, MasterCard, Debit	3	301.83	1.15%	0.15	3.92
Interchange: MC US REG Cons POS DB, MasterCard, Debit	1	189.99	0.05%	0.21	0.30
Interchange: MC US REGF Cons POS DB Adj, MasterCard, Debit	12	1,053.50	0.05%	0.22	3.17
Interchange: VS Business Card CP DB, Visa, Debit	10	2,254.87	1.70%	0.1	39.32
Interchange: VS CPS Retail Check DB, Visa, Debit	108	16,346.20	0.80%	0.15	147.09
Interchange: VS CPS Retail PPD, Visa, Debit	5	441.68	1.15%	0.15	5.82
Interchange: VS CPS Small Ticket DB, Visa, Debit	1	7.60	1.55%	0.04	0.16
Interchange: VS REG CPS Small Ticket, Visa, Debit	7	52.85	0.05%	0.22	1.56
Interchange: VS US REG DB, Visa, Debit	315	43,817.47	0.05%	0.22	91.09
Assessments: AM US Assessment Fee, American Express	15	2,535.42	0.17%	--	4.18
Assessments: DS Acquirer Assessment Fee, Discover	7	504.69	0.14%	--	0.71
Card Brand Fees: DS Data Usage Fee, Discover	7	504.69	--	--	0.02
Card Brand Fees: DS Network Authorization Fee, Discover	7	--	--	0.02	0.13
Assessments: MC Acquirer Brand Volume Above, MasterCard	4	7,498.01	0.15%	--	11.25
Assessments: MC Acquirer Brand Volume, MasterCard	58	6,836.47	0.14%	--	9.57
Card Brand Fees: MALF, MasterCard	62	--	--	--	0.72
Card Brand Fees: MC NABU Authorization, MasterCard	67	--	--	0.02	1.31
Card Brand Fees: MC Safety Net Acquirer Fee, MasterCard	67	--	--	--	0.05
Assessments: VS US Acquirer Service Fee CR, Visa	95	14,910.54	0.14%	--	20.87
Assessments: VS US Acquirer Service Fee DB, Visa	446	62,920.67	0.13%	--	81.80
Card Brand Fees: VS BASE II Transmission Fee, Visa	541	77,831.21	--	--	1.35
Card Brand Fees: VS Commercial Solutions Fee, Visa	45	6,239.68	0.01%	--	0.62
Card Brand Fees: VS NAPF Domestic CR Authorization, Visa	97	--	--	0.02	1.89
Card Brand Fees: VS NAPF Domestic DB Authorization, Visa	449	--	--	0.02	6.96
Card Brand Fees: VS Transaction Integrity Fee, Visa	1	47.13	--	0.1	0.10
Card Brand Fees: VS US Digital Commerce Services, Visa	1	47.13	0.01%	--	0.01
Total					1107.74

Other Processing Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Recurring: Industry Compliance, Monthly	1	--	--	6.95	6.95
Recurring: Service, Monthly	1	--	--	1.5	1.50
Total					8.45

Partner Fees (no revenue share items)	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Settlement: Amex, Settled Item, Gross	15	--	--	0.01	0.15
Settlement: Discover, Settled Item, Gross	7	--	--	0.01	0.07
Settlement: MasterCard, Settled Item, Gross	62	--	--	0.01	0.62
Settlement: Visa, Settled Item, Gross	541	--	--	0.01	5.41
System: Account On-File (per MID)	1	--	--	1	1.00
Total					7.25

Revenue Programs	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Revenue Share: Industry Compliance, Recurring, Industry Compliance	--	--	50.00%	--	1.50
Total					1.50

Batch Details

Date	Batch Number	Sales Count	Sales Amount(\$)	Refund Count	Refund Amount(\$)	Net Count	Net Amount(\$)
10/10/2025	90001149074	2	2.03	0	0.00	2	2.03
10/13/2025	90001155516	45	7,381.65	0	0.00	45	7,381.65
10/13/2025	90001175651	20	2,392.35	0	0.00	20	2,392.35
10/13/2025	90001168078	45	4,923.30	0	0.00	45	4,923.30
10/14/2025	90001180362	36	6,927.43	0	0.00	36	6,927.43
10/15/2025	90001190949	35	4,553.89	0	0.00	35	4,553.89
10/16/2025	90001204912	29	4,913.20	0	0.00	29	4,913.20
10/17/2025	90001217111	27	5,605.10	0	0.00	27	5,605.10
10/20/2025	90001227687	31	4,080.95	0	0.00	31	4,080.95
10/20/2025	90001236831	44	6,035.16	0	0.00	44	6,035.16
10/20/2025	90001249205	20	2,997.60	0	0.00	20	2,997.60
10/21/2025	90001258828	27	5,406.56	0	0.00	27	5,406.56
10/22/2025	90001264996	23	3,567.31	0	0.00	23	3,567.31
10/23/2025	90001279439	27	6,501.07	0	0.00	27	6,501.07
10/24/2025	90001281627	26	3,709.96	0	0.00	26	3,709.96
10/27/2025	90001301209	30	2,831.77	0	0.00	30	2,831.77
10/27/2025	90001298720	30	3,240.69	0	0.00	30	3,240.69
10/27/2025	90001311863	22	2,947.18	0	0.00	22	2,947.18
10/28/2025	90001326717	24	2,027.91	0	0.00	24	2,027.91
10/29/2025	90001333628	22	2,514.91	0	0.00	22	2,514.91
10/30/2025	90001344982	21	3,647.51	0	0.00	21	3,647.51
10/31/2025	90001356689	39	8,998.27	0	0.00	39	8,998.27



2001 WESTSIDE PKWY
Alpharetta, GA, 30004
United States

Your account will be automatically charged for the amount due. No action is required on your part.

THE CARD ASSOCIATIONS HAVE ANNOUNCED UPCOMING ENHANCEMENTS FOR JANUARY 2026. AS A RESULT, YOU MAY NOTICE SOME CHANGES TO YOUR JANUARY 2026 STATEMENT. CONTINUING YOUR MERCHANT ACCOUNT WITH US OR USE OF YOUR MERCHANT ACCOUNT AFTER 30 DAYS WILL REPRESENT YOUR ACCEPTANCE TO THESE TERMS. || EFFECTIVE JANUARY 2, 2026, YOUR VISA AND MASTERCARD ACQUIRING SPONSORSHIP WILL CHANGE FROM SYNOVUS BANK TO PINNACLE BANK, A TENNESSEE BANK, DBA SYNOVUS BANK. PLEASE NOTE THERE ARE NO CHANGES TO YOUR CURRENT MERCHANT AGREEMENT, RATES, OR SERVICES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL CUSTOMER SERVICE BY USING THE NUMBER LOCATED AT THE TOP OF YOUR MERCHANT STATEMENT.

Statement

Bill to	Details
Speedee-Midas 1496 Freedom Blvd Watsonville, CA, 95076 United States	Statement Number Issue date Pending Payment terms Auto-Draft Billing ID e9fabd97-3ccd-5f30-923b-cc5a4c01b3 Billing Account Number 8739792138074059 Product ID 3

Summary for Dec 01, 2025 - Dec 31, 2025

Total Sales	Transaction Count
\$153,883.02	1,022

Type	Amount(\$)
Transaction Fees	3,615.65
Card Network Fees	0.00
Other Processing Fees	9.95
Third Party Fees	0.00
	Subtotal in USD: \$3,625.60
	Tax (0%): \$0.00
	Amount Due: \$3,625.60

Transaction Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Sale: Mid-Qualified, American Express, Credit	4	882.83	3.00%	--	26.48
Sale: Qualified, American Express, Credit	14	1,405.49	3.00%	--	42.16
Sale: Mid-Qualified, Discover, Credit	12	2,575.55	3.00%	--	77.26
Sale: Non-Qualified, Discover, Credit	2	140.56	3.00%	--	4.22
Sale: Qualified, Discover, Credit	5	1,121.11	3.00%	--	33.63
Sale: Mid-Qualified, MasterCard, Credit	11	1,359.12	3.00%	--	40.77
Sale: Non-Qualified, MasterCard, Credit	46	6,113.52	3.00%	--	183.40
Sale: Qualified, MasterCard, Credit	5	2,053.12	3.00%	--	61.60
Sale: Mid-Qualified, Visa, Credit	189	36,893.12	3.00%	--	1,106.80
Sale: Non-Qualified, Visa, Credit	2	279.55	3.00%	--	8.39
Sale: Qualified, Visa, Credit	14	974.90	3.00%	--	29.24
Sale: Qualified, Discover, Debit	4	388.12	2.00%	--	7.76
Sale: Qualified, MasterCard, Debit	55	7,525.94	2.00%	--	150.52
Sale: Mid-Qualified, Visa, Debit	4	523.82	2.00%	--	10.48
Sale: Qualified, Visa, Debit	655	91,646.27	2.00%	--	1,832.94
Total					3615.65

Card Network Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Total					0.00

Other Processing Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Recurring: Industry Compliance, Monthly	1	--	--	9.95	9.95
Total					9.95

Third Party Fees	Count	Volume(\$)	Rate(%)	Fee(\$)	Amount(\$)
Total					0.00

Batch Details

Date	Batch Number	Sales Count	Sales Amount(\$)	Refund Count	Refund Amount(\$)	Net Count	Net Amount(\$)
12/01/2025	90001658433	23	4,076.53	0	0.00	23	4,076.53
12/01/2025	90001646416	36	4,768.31	0	0.00	36	4,768.31
12/01/2025	90001634918	35	5,176.90	0	0.00	35	5,176.90
12/02/2025	90001662998	44	5,738.22	0	0.00	44	5,738.22
12/03/2025	90001671380	37	4,510.43	0	0.00	37	4,510.43
12/04/2025	90001683862	28	2,971.07	0	0.00	28	2,971.07
12/05/2025	90001690009	27	4,815.51	0	0.00	27	4,815.51
12/08/2025	90001717723	42	5,381.72	0	0.00	42	5,381.72
12/08/2025	90001724897	20	2,977.82	0	0.00	20	2,977.82
12/08/2025	90001705607	39	4,170.08	0	0.00	39	4,170.08
12/09/2025	90001730069	41	4,256.11	0	0.00	41	4,256.11
12/10/2025	90001741787	28	9,004.65	0	0.00	28	9,004.65
12/11/2025	90001751039	33	4,474.22	0	0.00	33	4,474.22
12/12/2025	90001760916	34	7,153.04	0	0.00	34	7,153.04
12/15/2025	90001792550	22	2,815.98	0	0.00	22	2,815.98
12/15/2025	90001787762	41	5,420.82	0	0.00	41	5,420.82
12/15/2025	90001776676	42	6,134.02	0	0.00	42	6,134.02
12/16/2025	90001807832	25	4,151.79	0	0.00	25	4,151.79
12/17/2025	90001816043	32	4,870.28	0	0.00	32	4,870.28
12/18/2025	90001827343	27	3,676.56	0	0.00	27	3,676.56
12/19/2025	90001831049	30	4,286.16	1	-164.80	31	4,121.36
12/22/2025	90001863570	16	3,346.07	0	0.00	16	3,346.07
12/22/2025	90001851241	47	5,363.47	0	0.00	47	5,363.47
12/22/2025	90001847698	44	6,001.37	0	0.00	44	6,001.37
12/23/2025	90001875445	25	5,319.24	0	0.00	25	5,319.24
12/24/2025	90001897363	18	2,894.58	0	0.00	18	2,894.58
12/24/2025	90001889177	27	3,400.23	0	0.00	27	3,400.23
12/29/2025	90001907300	36	4,537.16	0	0.00	36	4,537.16
12/29/2025	90001929851	22	3,347.38	0	0.00	22	3,347.38
12/30/2025	90001934865	43	5,929.68	0	0.00	43	5,929.68
12/31/2025	90001919863	25	8,778.94	1	-757.13	26	8,021.81
12/31/2025	90001943239	33	4,134.68	0	0.00	33	4,134.68

MS AUTO TRANSPORTS CORP

(acct_1VvdvCKid3vQBcB7)

539 72nd Street, Brooklyn, NY, 11209, US



Dec 1, 2025 – Dec 31, 2025

Balance summary

Shows starting and ending balance in your Stripe account.

Starting balance — Dec 1, 2025 EST	\$360,753.84
Ending balance — Dec 31, 2025 EST	\$382,089.25

Balance change from activity

Account activity before fees	\$391,567.89
Less fees	-\$12,116.78
Net balance change from activity	\$378,124.53
Total payouts	-\$356,789.12

Charges	Count 2,342	\$391,567.89	Fees	-\$12,056.78
Refunds	Count 29	-\$4,156.23		
Disputes	Count 4	-\$1,170.35	Fees	-\$60.00
	Payouts	Count 23		\$356,789.12

Processing metrics

Total transactions	2,342	Chargeback ratio	0.17%
Average ticket	\$167.19	Refund rate	1.24%
Approval rate	98.2%	Effective rate	3.08%

Processing history (6 months)

Month	Txns	Gross volume	Net volume	CBs	CB ratio
Dec 2025	2,342	\$391,567.89	\$378,124.53	4	0.17%
Nov 2025	2,187	\$359,234.67	\$347,892.16	3	0.14%
Oct 2025	1,923	\$314,287.45	\$298,456.72	4	0.21%
Sep 2025	2,061	\$338,645.93	\$322,023.39	5	0.24%
Aug 2025	1,954	\$312,456.78	\$296,789.45	4	0.20%
Jul 2025	2,108	\$345,678.90	\$328,456.12	5	0.24%
6-mo total	12,575	\$2,061,871.62	\$1,971,742.37	25	0.20%

Payment methods

Card type	Count	Volume	% of total
Visa	1,288	\$215,362.34	55%
Mastercard	679	\$113,555.69	29%
American Express	258	\$43,072.47	11%
Discover	117	\$19,577.39	5%
Total	2,342	\$391,567.89	100%

Dispute details

Date	Transaction	Amount	Reason	Status
------	-------------	--------	--------	--------

Dec 5	ch_3J4K5L	\$312.45	Fraud	Lost
Dec 12	ch_4K5L6M	\$278.90	Product Not Received	Won
Dec 19	ch_5L6M7N	\$298.00	Duplicate Charge	Won
Dec 28	ch_6M7N8O	\$281.00	Service Not Rendered	Pending

Account status

Status: Active — Good standing

MCC: 8675 — Automobile Associations

Opened: March 2025

Reserve: None

MS AUTO TRANSPORTS CORP

(acct_1VvdvCKid3vQBcB7)

539 72nd Street, Brooklyn, NY, 11209, US



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Opened: March 2025

Reserve: None

Audit Trail

FillFaster Submission ID: rkeyUS00II

From:
Robin Turkell
Pcbancard
robin@pcbancard.com

To:
Joe Smith,kristen@pcbancard.com

Event Name	Timestamp (UTC)	IP Address	Device, OS, Browser
Document Sent to	Link sent to Joe Smith,kristen@pcbancard.com		
Document Signed	2026-01-14 20:46:07	24.185.87.202	   Firefox 146

