<table>
<thead>
<tr>
<th>To: Superior Processing Solutions</th>
<th>From: Superior Processing Solutions Inc PPT #1 (29637)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: (248) 283-6200</td>
<td>Agent Fax: (888) 770-3927</td>
</tr>
<tr>
<td>Phone: 866-485-8999</td>
<td>Agent Phone: (888) 770-3925</td>
</tr>
<tr>
<td></td>
<td>Agent: <a href="mailto:accounts@superiorprocessinginc.com">accounts@superiorprocessinginc.com</a></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:support@payprotec.com">support@payprotec.com</a>, <a href="mailto:updates@superiorprocessinginc.com">updates@superiorprocessinginc.com</a></td>
</tr>
</tbody>
</table>

4 WAY MEAT MARKET -- 419866

29637/002/9724483NAB
Subject: Merchant Approved: 4 WAY MEAT MARKET (8788290419866)
From: donotreply@myresourceportal.com
Date: Wed, May 11, 2016 11:15 am
To: support@payprotec.com, updates@superiorprocessinginc.com, accounts@superiorprocessinginc.com
Attach: logo.gif

May 11, 2016

4 WAY MEAT MARKET
508 E DATE ST
Oxnard, CA 93030
Attn: JOSE CARBAJAL
Fax: 8053853131

RE: Your New Merchant Account
Merchant #8788290419866
Welcome to the Superior Processing Solutions family of credit card processing solutions. We are honored and delighted that you have entrusted us with this important aspect of your business. We take the responsibility of providing you seamless and problem free credit card processing very seriously and want to make this transition hassle free.

We strive to understand the complexities of your business and our staff is standing by to assist you with any questions that may arise while you are familiarizing yourself and your staff with our service.

We have approved your merchant account with the following parameters:

Monthly Volume = $300,000.00  Swiped Sales = 90%
Average Ticket = $5.00  Keyed Sales with Imprint = 10%
Highest Ticket = $900.00  Keyed Sales no Imprint = 0%
Reserve Account = No  Website Addendum = No

The business banking account that we will be depositing your credit card funds is:

xxxxxxxxxxxx0062

These deposits will come from Global Payments directly to your account.

In the future, should you need to adjust the above parameters please email
underwriting@appunderwriting.com

Should you need to process any transaction, including a credit, that is greater than your high-ticket amount, please contact the Risk Department, in advance, at (866) 667-9899 ext 1400.

If we are reprogramming your existing terminal, you will find a technical support sticker, which you should affix to the terminal in order to have our contact numbers nearby. We also included an overlay, which will identify the terminal key functions specific to this new program. Peel the backing off the overlay and place it over the face of the terminal.

If you desire personal assistance or training with your point of sale equipment please contact your account representative. This training can take up to thirty, (30) minutes to go over the download procedures and important features of your device. The training provided will help
**BUSINESS INFORMATION**

- **Name:** 4 Way Meat Market Inc
- **DBA (Doing Business As) Name:** 4 Way Meat Market
- **Location Address:** 508 E Date st
  - City, State, Zip: Oxnard, CA 93033
- **Website Address (URL):**

**Bank Reference**

- **Bank of America**

**Checking Account #:** 0085671300621210000358

**Statement Mailing Address:** 508 E Date st
  - City, State, Zip: Oxnard, CA 93033

**Business Phone Number:** 805-485-1545
**Fax:** 805-385-3131
**E-Mail:** blanca.var@32@gmail.com
**Statement Option Type:** Paper statement
**TIN Type:** SSN
**FEIN (Federal Tax ID):** Y
**Foreign Entity:** Yes
**Sole Proprietor:** Yes
**Corporate:** Yes
**Non-Profit:** No
**Medical/Legal Corporation:** No
**Limited Liability Company (LLC):** Yes
**Federal Tax ID (EIN):** 00-0000000
**SSN:** 000-00-0000

**Business: 20 Years**

**Number of Locations:** 4

**How long in present business:** 20 Years

**Federal Tax ID (Social Security):** 614-05-4550
**Date of Birth:** 11/28/1966

**Percent of Business:**
- **Cash:** 10%
- **Check:** 50%
- **Credit Card:** 90%
- **Debit Card:** 0%

**Gross Yearly Sales:** $3,000,000.00
**Average Ticket Amount:** $5.00
**Highest Ticket Amount:** $100.00

**Annual Income:** $1,000,000

**Ownership: Owner**

- **Name:** Case Cathay
- **Address:** Juanne Ave
  - City, State, Zip: Oxnard, CA 93033

**Ownership: Owner**

- **Name:**
- **Address:**

**Member Bank (Acquirer) Information**

1. **Important Member Bank (Acquirer) Responsibilities:**
   - The Bank is the only entity approved to extend acceptance of Card Organization products directly to a merchant.
   - The Bank must be a principle signatory to the Merchant Agreement.
   - The Bank is responsible for ensuring that merchants comply with Card Organization Rules with which Merchants must comply, but this information may be provided to you by the Processor.
   - The Bank is responsible for and must provide settlement funds to the Merchant.
   - The Bank is responsible for all funds held in reserve.

2. **Merchant Resources**

   - **Visa:** http://usa.visa.com/merchants/operational/cp_regulations.html
   - **MasterCard:** http://www.mastercard.com/us/merchants/support/rules.html
   - **Discover Network:** http://www.discovernetwork.com/merchants/index.html
   - **AmEx:** https://www.americanexpress.com/GPDR/AccessDOC.aspx?PubDocId=1383

   For Member Contact:
   - Wells Fargo Bank
   - 1200 Monterey
   - Walnut Creek, CA 94596
   - 925-746-4167

   - Global Payments:
   - 10700 Red Run Blvd.
   - Owings Mills, MD 21117
   - Merchant's Signature:

---

**Additional Information:**

- **Statement:**
  - **Mailing Address:** 508 E Date st
  - **City, State, Zip:** Oxnard, CA 93033

- **Phone Number:** 805-485-1545
- **Fax:** 805-385-3131
- **E-Mail:** blanca.var@32@gmail.com

- **Statement Option Type:** Paper statement
- **TIN Type:** SSN

- **Foreign Entity:** Yes
- **Sole Proprietor:** Yes
- **Corporate:** Yes
- **Non-Profit:** No
- **Medical/Legal Corporation:** No
- **Limited Liability Company (LLC):** Yes
- **Federal Tax ID (EIN):** 00-0000000
- **SSN:** 000-00-0000

- **Business: 20 Years**
- **Number of Locations:** 4

- **How long in present business:** 20 Years

- **Federal Tax ID (Social Security):** 614-05-4550
- **Date of Birth:** 11/28/1966

- **Percent of Business:**
  - **Cash:** 10%
  - **Check:** 50%
  - **Credit Card:** 90%
  - **Debit Card:** 0%

- **Gross Yearly Sales:** $3,000,000.00
- **Average Ticket Amount:** $5.00
- **Highest Ticket Amount:** $100.00

- **Annual Income:** $1,000,000

- **Ownership:**
  - **Name:** Case Cathay
  - **Address:** Juanne Ave
    - City, State, Zip: Oxnard, CA 93033

- **Merchant Resources**

   - **Visa:** http://usa.visa.com/merchants/operational/cp_regulations.html
   - **MasterCard:** http://www.mastercard.com/us/merchants/support/rules.html
   - **Discover Network:** http://www.discovernetwork.com/merchants/index.html
   - **AmEx:** https://www.americanexpress.com/GPDR/AccessDOC.aspx?PubDocId=1383

   For Member Contact:
   - Wells Fargo Bank
   - 1200 Monterey
   - Walnut Creek, CA 94596
   - 925-746-4167

   - Global Payments:
   - 10700 Red Run Blvd.
   - Owings Mills, MD 21117

---

**Important Merchant Responsibilities:**

1. **Ensure compliance with cardholder data security and storage requirements.**
2. **Maintain fraud and chargebacks below Card Organization thresholds.**
3. **Review and understand the terms of the Merchant Agreement.**
4. **Comply with Card Organization Rules.**
5. **Retain a signed copy of this Disclosure Page.**

The responsibilities above do not replace the terms of the Merchant Agreement and are provided to the Merchant understands some important obligations of each party and that the Bank is the ultimate authority to the Merchant has any problems.
CARDHOLDER DATA STORAGE COMPLIANCE & SERVICE PROVIDER

** PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your point of sale (POS) system pass, transmit, store or receive full cardholder’s data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you (merchant) must validate PCI DSS compliance (see 1(b) below and questions 3 and 4 must be completed). If you use a payment gateway, they must be PCI DSS compliant.**

1. Have you ever experienced an Account Data Compromise? □ Yes □ No If yes, provide date of compromise
   a. Have you validated Payment Card Industry Data Security Standard (PCI DSS) compliance? □ Yes □ No If yes, go to #1b; If no, go to #2
   b. Date of compliance, Report on Compliance or Self-Assessment Questionnaire “SAQ”?
   c. What is the name of your Qualified Security Assessor □ [ ]
   d. Date of last scan □ [ ]

2. Are you using a “dial-up” terminal or “TTC” Touch Tone Capture? □ Yes □ No

3. Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Data electronically? □ Yes □ No
   a. If yes, where is card data stored? □ Merchant’s Location Only □ Merchant’s Headquarters/Corp office only □ Primary Service Provider
   b. Both Merchant and Service Provider(s) □ Other Service Provider □ All Apply

4. What Service Provider/Software Developer did you purchase your point of sale POS application from (e.g., software, gateway)? □
   a. What is the name of the Service Provider/Software Developer’s application?
   b. Do your transactions process through any other Service Provider (e.g., web hosting companies, gateways, corporate office)? □ Yes □ No
   c. If yes, name the other Service Provider?

MERCHANT ACCEPTANCE

A copy of the Card Services Terms and Conditions, revision number 07/14, has been provided to you. Please sign below to signify that you have received a copy of the Card Services Terms & Conditions and that you agree to all terms and conditions contained therein. The undersigned is duly authorized to sign on behalf of the Merchant and to bind the Merchant to the terms and conditions set forth in this Merchant Application and Merchant Service Agreement (“Agreement”), which terms and conditions are hereby acknowledged and agreed to by the Merchant, and certifies that all information provided in this Merchant Application is true, correct, and complete. In addition by your signature below on behalf of Merchant you authorize Global Direct and/or Member to order a consumer credit report on you, Merchant and each of Merchant’s officers, partners, and/or owners, as well as subsequent consumer credit report, which may be required or used in conjunction with the maintenance, updating, renewal or extension of the services provided hereunder, or in conjunction with reviewing, taking collection action on, or other legitimate purposes associated with the Merchant account. The undersigned, on behalf of the Merchant, authorizes (i) Global Direct, or (ii) the Member, or (iii) solely with respect to uncolllected merchant fees, and subject to and only as pursuant to North American Bancard’s separate written agreement with Global Direct, North American Bancard, or, (iv) solely with respect to supplies and/or hardware related to merchant business under this Merchant Application, North American Bancard, to initiate automated deposit or debit (ACH) entries to the Merchant’s bank account as indicated on this Merchant Application or subsequently provided by Merchant. A MERCHANT’S SUBMISSION OF A TRANSACTION TO GLOBAL DIRECT SHALL BE DEEMED TO SIGNIFY MERCHANT’S ACCEPTANCE OF THE AGREEMENT, INCLUDING THE TERMS AND CONDITIONS HEREIN.

#1 From Application - Signature 08-05-2016
#2 From Application - Signature 08-05-2016

INDIVIDUAL GUARANTY (NO TITLES) I/we hereby irrevocably guarantee to Global Direct and Member, their successors and assigns, the full, prompt and complete performance of Merchant and all of Merchant’s obligations under this Agreement, including, but not limited to, all monetary obligations arising out of Merchant’s performance or nonperformance under this Agreement, whether arising before or after termination of this Agreement. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of this Agreement made by or agreed to by Global Direct, Member, and/or Merchant. I/we hereby waive any notice of acceptance of this guaranty, notice of non-payment or non-performance of any provision of this Agreement by Merchant, and all other notices or demands regarding this Agreement. I/we agree to promptly provide to Global Direct and Member any information requested by either of them from time to time, concerning my/our financial condition(s), business history, business relationships and employment information. I/we agree that Global Direct and Global Direct (on behalf of Member) may order a consumer credit report on me, Merchant and each of Merchant’s officers, partners, and/or owners, as well as subsequent consumer credit reports, which may be required or used in conjunction with the maintenance, updating, renewal or extension of the services provided hereunder, or in conjunction with reviewing, taking collection action on, or other legitimate purposes associated with the Merchant account. If I/we have read, understand, and agree to be bound by the terms and conditions contained in this Agreement on pages 1-2, 3, 4, 5-7, 8, 9, 10, 11 and 12.

#1 From Application - Signature 08-05-2016
#2 From Application - Signature 08-05-2016

For Office Use Only

X Application Accepted by ISO 08-05-2016

X Accepted by Wells Fargo Bank 08-05-2016

X Accepted by Global Direct 08-05-2016

Revision 09/15
Page 3 of 3
FREE TERMINAL
PLACEMENT AGREEMENT

FREE Verifone Vx520 Terminal or Vx520 w/ CR1000i Check Imager

- EMV-ready, PCI PED approved, advanced security including SSL
- Integrated NFC capabilities and expandable memory exceeding 500MB
- Superior performance for faster transaction processing
- Ethernet connection for lightning-fast transactions
- Multiple payment and value-added applications
- Lower cost, higher performance
- Small size keeps countertops clutter free

FREE Verifone Vx520 Terminal or Vx520 w/ CR1000i Check Imager

This Agreement is a contract between the Merchant named below and Superior Processing Solutions (SPS). NOW THEREFORE, Superior Processing Solutions (SPS) and the Party (Merchant) agree as follows:

I. Merchant agrees that the Equipment is the property of SPS, is being licensed to Merchant, and must be returned in good and working condition within ten (10) days of the termination or expiration of the Merchant Account with SPS. If the Equipment is not returned within ten (10) days, Merchant agrees to pay the equipment value (Vx520 = $895, Vx520 Combo with check imager = $1345, PIN Pad Vx605 = $189). Merchant authorizes SPS to ACH my account for said fees according to program. In addition, Merchant agrees to be responsible for any damage to the Equipment as a result of misuse or negligence. SPS reserves the right to replace the above models with comparable models and to add or discontinue models.

II. Merchant agrees to indemnify and hold SPS harmless from and against any and all liabilities, losses, claims, damages, disputes, offsets, claims or counterclaims of any kind in any way related to the use (or misuse) of the Equipment. Merchant understands that SPS agrees to free overnight delivery of replacement equipment, fully programmed and ready to use, up to but not exceeding twice the first year, and that each additional incident will incur a fee of $99.

Merchant has accepted the following equipment (the “Equipment”) by checking one box below:

☑ Verifone Vx520 Terminal (equipment value of $895)
☐ Verifone Vx520 Terminal, CR 1000i Check Imager, Stacker, and all necessary cables (equipment value of $1345)
☐ Verifone PIN Pad Vx605 and necessary cables (equipment value of $189) – requires $7.95 monthly debit gateway fee
☐ Verifone PIN Pad 1000SE and necessary cables (equipment value of $100) – requires $5.00 monthly debit gateway fee

Except as herein otherwise expressly provided, the Merchant Agreement, as heretofore amended, shall remain in full force and effect.

Merchants Authorized Signer:

Owner’s or Officer’s Signature:
[Signature]
Date: 05/08/2016

Account Executive Signature:

Pilothouse:
[Signature]
Date:

INDIVIDUAL GUARANTY (NO TITLES) We hereby guarantee to SPS, their successors and assigns, the full, prompt and complete performance of Merchant and all of Merchant’s obligations under this Agreement, including, but not limited to, all monetary obligations arising out of Merchant’s performance or nonperformance under this Agreement, whether arising before or after termination of this Agreement. The undersigned, by signing below, agrees to be bound by the Agreement and this Guaranty.

Personal Guarantor Printed Name:
[Signature]
Date:

[Signature]
Date: 05/08/2016
**MERCHANT APPLICATION (cont.)**

**COMPLETE IF YOUR SALES ARE GENERATED THROUGH MAIL/TELEPHONE/INTERNET**

1. Description of product:

2. Who owns product?  □ Merchant □ Vendor (drop ship required)

3. List the name(s) of vendors from which the product is purchased.

4. How do you advertise?  □ Catalog / Direct Mail / Flyers □ TV or Radio □ Internet (list Web Page Address)

5. How does the customer order the product?  □ Mail □ Telephone □ Fax □ Internet

6. Do your customers sign a service agreement with you?  □ Yes □ No

7. If Yes, what is the timeframe of the service agreement?  □ Monthly □ Quarterly □ Annual

8. Name of Fulfillment House (if any)  ____________________________________________

   □ Inspected □ Annual □ Yes □ No Date Inspected __________

9. Are consumers required to provide a deposit?  □ Yes □ No

10. Delivery Time Frame:  □ 0-7 Days □ 8-14 Days □ 15-30 Days □ More than 30 Days

11. Shipping Service Used:  □ FedEx □ UPS □ Airborne □ Express Mail □ By Merchant

12. What is your return or refund policy? ____________________________________________

13. When you receive an authorization, how long before the merchandise is shipped? ________

14. In what geographic areas will the product be marketed and sold?

**BUSINESS TRADE SUPPLIERS (LIST TWO)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MERCHANT SITE SURVEY REPORT (To Be Completed by Sales Representative)**

| Merchant Location:  □ Store Front □ Office Building □ Warehouse □ Residence □ Other |
|---------------------|------------------------------------------|
| The Merchant:       | □ Owns □ Leases the Premises             |

The landlord name: __________________________

Landlord telephone number: ____________________

I hereby verify that this application has been fully completed by the merchant applicant and that I have inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by (Print Name): __________

Representative Signature: __________ Date: 05/03/2019

**PRICING SCHEDULE**

<table>
<thead>
<tr>
<th>Pricing Type</th>
<th>Rate</th>
<th>Discount Rate</th>
<th>Discount Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(100% Keyed only)</td>
<td>(100% Keyed only)</td>
</tr>
<tr>
<td>Retail (if any % is Swiped)</td>
<td></td>
<td>(Must use AVS)</td>
<td>(Must use AVS)</td>
</tr>
</tbody>
</table>

For details regarding mid and non-qualified surcharges, please see page 7 section 32 of the terms and conditions. For purposes of this agreement the mid-qualified surcharge is ___% ($___ per $100.00) + $_____. For purposes of this agreement the non-qualified surcharge is ___% ($___ per $100.00) + $_____. Card Association assessments will be passed through.

| MasterCard Network Access Fee | $0.0208 |
| Visa Network Access Fee | $0.0218 |
| Discover Network Access Fee | $0.0185 |
| American Express Access Fee | 0.16% |
| PayPal Network Access Fee | $0.0185 |

| MasterCard Network Access Fee | $0.0208 |
| Visa Network Access Fee | $0.0218 |
| Discover Network Access Fee | $0.0185 |
| American Express Access Fee | 0.15% |
| PayPal Network Access Fee | $0.0185 |

| Dial Pay Transactions: | $0.50 |
| T & E Draft Capture Transactions: | $0.25 |
| Address Verification: | $0.05 |
| Batch Header: | $0.10 |
| Interchange Fee Passthrough: | $0.10 |
| Credit: | $0.10 |
| Check Card: | $0.22 |
| Wireless Transaction Fee: | $0.10 |
| Wireless Network Access (Monthly): | $98.00 |
| Wireless Activation Fee: | $35.00 |
| Phone Swipe Gateway (Monthly): | $14.95 |
| Phone Swipe Add'l Gateway (Monthly): | $4.95 |
| Phone Swipe Transaction Fee: | $0.05 |
| Debit Transaction: | $0.35 |
| Debit Gateway (Monthly): | $5.00 |
| EBT Transaction Fee: | $0.20 |
| Internet Gateway Fee (Monthly): | $20.00 |
| Internet Transaction Fee: | $0.10 |
| PCI Compliance Fee: | $79.00 |
| Monthly Minimum Discount Fee: | $25.00 |
| Monthly Basic Service Fee: | $10.00 |
| Statement Mailing Fee: | $1.00 |
| Chargeback Fee: | $25.00 |
| Retrieval Fee: | $15.00 |
| Account Setup Fee: | $95.00 |
| Annual Fee: | $79.00 |
| Voice Authorization Fee: | $1.00 |

See Terms and Conditions of Merchant Service Agreement for further information on Mid and Non-Qualified Surcharges.

I understand and acknowledge that I will be automatically enrolled in a 60-day free trial of the My Biz Perks Program, which includes custom reporting and alerts, supplies, extended warranty, overnight replacement on equipment, partner discounts, and more! At the end of the trial, I understand that my account will be charged a monthly membership fee, and I may opt out at any time by visiting www.mybizperks.com or call 877-898-1962.