

PPT

Sales Rep Email: shannon@avpsolutions.com

MCC Code:

DBA (Doing Business As) Name: Roy W Cooper Services LLC		Business/Corporate Name: (as shown on your Income Tax Return) Roy W Cooper Services LLC	
Location Address: 153 Miller County 22		City: Fouke	State: AR Zip: 71837
Statement Mailing Address: 153 Miller County 22		City: Fouke	State: AR Zip: 71837
Business Phone Number: 501-494-9370		Business Fax Number:	
Email: info@roywcooperservice.com		Website: www.roywcooperservice.com	
Bank Name: Mercury	Name on Bank Account: Roy W Cooper Services LLC	Checking Account #: 202559815913	Bank Routing #: 091311229
Federal Tax ID: 3 9 4 4 6 8 5 3 5		TIN Type: ☒ EIN ☐ SSN	Contact Name: Roy W Cooper
Type of Merchant: ☐ Sole Proprietor ☐ Partnership ☒ LLC ☐ Corporation ☐ Non-Profit Other _____			Statement Option Type: ☒ Electronic ☐ Paper
Business Processing Category: ☐ Retail ☐ Restaurant ☒ MOTO ☐ Internet ☐ Other _____			
Merchandise/Services Sold: Architectural Services			Years in Business:
Currently accept Visa/MasterCard/Discover/AXP? ☐ Yes ☒ No		Seasonal Merchant: ☐ Yes ☒ No	If yes, indicate active months: J F M A M J J A S O N D ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Percent of Business: (must equal 100%) Card Swipe: <u>20</u> % Manually Keyed: _____ % Phone/Mail Order: <u>80</u> % Internet: _____ % Total: <u>100</u> %			
Avg Ticket: 1,500	High Ticket: 3,000	Avg Monthly Volume: 60,000	High Monthly Volume:
Transaction Descriptor to Appear on Cardholder's Statement: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			Customer Service Phone Number to Appear on Cardholder's Statement: 501-949-9370
OWNERS AND OFFICERS: List all owning 25% or more business equity. Use addendum to list additional			
Name: Roy W Cooper	Title: Owner	Applicant's SS#: 461314348	Date of Birth: 12/02/1960 Equity Ownership: 100
Residence Address: 153 Miller County 22	City, State, Zip: Fouke, AR 71837		Phone Number: 501-949-9370
Name:	Title:	Applicant's SS#:	Date of Birth: Equity Ownership:
Residence Address:	City, State, Zip:		Phone Number:
PRIMARY CONTROL CONTACT: List person responsible for control/management of account (CEO, COO, Manager, etc.).			
Name:	Residence Address:	City, State, Zip:	Date of Birth: SS#:
SERVICES REQUESTED:			
American Express Volume > \$1,000,000 ☐ Yes* ☒ No* Account#: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Discover Retained SE#: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
EBT: ☐ Cash Benefits ☐ Food Stamp (SNAP)* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		PIN DEBIT (ex. STAR, NYCE, INTERLINK, PULSE, MAESTRO)	
Accepting all MasterCard, Visa, Discover Network, and American Express transactions (presumed unless any selections below are checked)			
MasterCard ☐ Credit Transactions Only ☐ Non-PIN Debit Trans		Visa ☐ Credit Transactions Only ☐ Only Non-PIN Debit Trans	*Discover Network ☐ Credit Transactions Only ☐ Only Non-PIN Debit Trans
*American Express ☐ Credit and Prepaid Card Transactions			
*Discover full-acquired unless ineligible for program (e.g. Discover retained merchants provide your Discover SE# above) *AXP full-acquired unless ineligible for program (e.g. merchants over \$1MM annual AXP volume, prohibited or do-not-sion merchants) provide your AXP-direct account SE# above.			

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PRICING SCHEDULE			
☐ Retail ☐ Moto/Internet		☐ Interchange Plus ☐ Tiered	
Interchange, dues, & assessments + _____ bps Transaction Fee: \$ _____		Qualified discount rate: _____ 3.50 % Qualified discount rate (check card): _____ 2.75 %	
For details regarding mid-qualified and non-qualified surcharges, please see page 3 section 1.14 of the terms and conditions. For purposes of this agreement the mid-qualified surcharge* is 4.50 % (\$ _____ per \$100.00) + \$ _____. For purposes of this agreement the non-qualified surcharge is 5.50 % (\$ _____ per \$100.00) + \$ _____. Card association assessments will be passed through. *mid-qualified surcharge only applicable to retail tiered merchants			
OTHER FEES (if applicable) M=Monthly MPD=Monthly Per Device PA=Payanywhere MC=MasterCard DIS=Discover AXP=American Express IC=Interchange			
T & E Draft Capture Trans.: \$ 0.35 Address Verification: \$ 0.10 Batch Header: \$ 0.35 IC Fee Passthrough Credit: \$ 0.10 IC Fee Passthrough Check: \$ 0.22 Per Device Software Fee (M): \$ 0.00 PA Gateway (M): \$ 20.00 PA Add'l Unit Gateway (M): \$ 8.00	PA Transaction Fee: \$ 0.20 Internet Gateway Fee (M): \$ 20.00 Wireless Transaction Fee: \$ 0.15 Wireless Network Access (M): \$ 25.00 Wireless Activation Fee: \$ 35.00 Debit Transaction: \$ 0.55 Debit Gateway (M): \$ 10.00 EBT Transaction Fee: \$ 0.20	Internet Transaction Fee: \$ 0.35 Min. Discount Fee (M): \$ 25.00 Basic Service Fee (M): \$ 15.00 Statement Mailing Fee: \$ 5.00 Chargeback Fee: \$ 35.00 Retrieval Fee: \$ 25.00 Account Set-Up Fee: _____ Annual Fee: \$ 99.00	NSF Fee: \$ 25.00 PA Cellular Data Fee (M): \$ 9.95 PA Cellular Data Trans. Fee: \$ 0.10 PCI Compliance Fee (Annual): \$ 145.00 Voice Authorization Fee: \$ 1.00 PayMyTab Software(MPD): \$ 19.95 PayMyTab Location(M): \$ 125.00
MC Network Access: \$ 0.0208 PayPal Network Access: \$ 0.0195		Visa Network Access: \$ 0.0218 DIS Network Access: \$ 0.0195 AXP Network Access: 0.165%	
I acknowledge that I will receive 60 days of free, premium plus access to the Payments Hub, after which I will be charged a monthly fee of \$29.95 for continued premium plus access, which includes an equipment warranty program and free supply ordering. I understand that I may opt out of this premium access at any time while still enjoying the free features of the Payments Hub by emailing support@paymentshub.com or calling 877-464-4218.			
This Agreement contains an Early Termination Fee calculated in accordance with Section 1.16(a). The initial term of this Agreement is three years from the date of your approval (the "Initial Term"). If you terminate this Agreement before the end of the then current term or otherwise stop processing your transactions with us, you will be charged this Early Termination Fee. After the Initial Term, this Agreement shall automatically extend for successive one year periods. Client Initials _____			

CERTIFICATION & AGREEMENT

Merchant acknowledges that you have accessed our Merchant Processing Agreement ("Agreement") at www.myresourceportal.com/agreement. By signing below, Merchant agrees to all terms and conditions contained therein. From time to time, the Agreement may be updated. When this occurs, Agent will notify Merchant electronically (or by delivery method selected by Merchant at time of disclosure) when such updates have been made. Merchant acknowledges that continued use of Agent Merchant services after the update signifies Merchant Acceptance of updated Agreement. 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 ("Application") and previously referenced Agreement, and certifies that all information provided in association with this Application is true, correct and complete. By signing below on behalf of Merchant, you authorize Member/Bank and/or Agent to collect and use your Social Security number, including for purposes of obtaining consumer credit reports on you. You expressly acknowledge and agree that your Social Security number and your consumer credit report(s) 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 any other legitimate purpose associated with the Merchant account. The undersigned consents to Member/Bank and/or Agent's collection, processing and use of the information contained in this application including the transfer of such information to service providers or affiliates for any lawful purpose including, without limitation, to (i) verify individual identities, and (ii) transfer such information, including personal information, to one or more vendors providing a service that assists Member/Bank and/or Agent with respect to identity confirmation. A Merchant's submission of a transaction to Agent shall be deemed to signify Merchant's acceptance of the Agreement, including the terms and conditions herein.

Merchant: By _____
 (Merchant Principal or Corporate Officer Signature)
 Roy Cooper

 (Print Name)

Merchant: By _____
 (Merchant Principal or Corporate Officer Signature)

 (Print Name)

Date: 12/30/2025

Date: _____

PERSONAL GUARANTY

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

Merchant: By _____
 (Guarantor Signature)

 (Print Name)

Merchant: By _____
 (Guarantor Signature)

 (Print Name)

Date: _____

Date: _____

BANK AND MERCHANT AGREEMENT DISCLOSURES

Merchant Bank Information

BMO Harris Bank	FFB Bank	Citizens Bank, N.A.
8500 Governor's Hill Drive	7690 N Palm Ave # 101	One Citizens Plaza
Cincinnati, OH 45249	Fresno, CA 93711	Providence, RI 02903
847-240-6600	559-439-0200	877-550-5933

Upon approval the merchant bank will be selected and stated in your welcome letter. The selection is referred to herein as the "Bank".

Important Bank Responsibilities

1. Bank is the only entity approved to extend acceptance of VISA products directly to a Merchant.
2. Bank must be a principal to the Merchant Agreement.
3. Bank is responsible for educating Merchants on pertinent VISA Operating Regulations or such pertinent rules and regulation of MasterCard International with which merchants must comply. Merchant acknowledges it has read and understood, or seek clarification from Agent or the Bank, all such rules and regulations before submitting a transaction for processing by Agent and Bank.
4. Bank is responsible for and must provide settlement funds to the Merchant.
5. Bank is responsible for all funds held in reserve that are derived from settlement.

Merchant Information

Merchant Name: Roy W Cooper Services LLC
Merchant Address: 153 Miller County Zz, Fouke, AR
Merchant Phone: 501-949-9370

Important Merchant Responsibilities

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with VISA, MasterCard, And American Express and Discover Operating Regulations.
5. You may download Visa Regulations from Visa's website at: <https://usa.visa.com/support/small-business/regulations-fees.html>
6. You may download MasterCard Regulations from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>
7. You may download the American Express Merchant Operating Guide from American Express' website at: <http://www.americanexpress.com/merchantsupportguide>
8. You may download additional merchant information from Discover Network's website at: <http://www.discovernetwork.com/merchants/index.html>

Important Merchant Agreement Disclosures

1. The initial term of your Merchant Agreement may be either: (a) 3 years (month-to-month thereafter), (b) 2 years (month-to-month thereafter), (c) 1 year (month-to-month thereafter), or (d) month-to-month.
2. You must provide 30 days' notice to terminate your Merchant Agreement prior to the expiration date of a Merchant Agreement with a 3-year, 2-year or 1-year initial term. If your Merchant Agreement is month-to-month, you may terminate the agreement at any time upon 30 days' notice.
3. You may terminate the Merchant Agreement within 45 days after executing the Merchant Agreement with no further obligations provided that you return all equipment within 30 days following the date of your termination notice. See Section 1.16(f) of the Merchant Agreement for details.
4. You may initiate termination of the Merchant Agreement by sending your Merchant name, address and MID via overnight carrier or certified mail to Agent, 250 Stephenson Hwy., Troy, MI 48083 Attn: Customer Care. You may call Customer Care at (866) 485-8999 (Ext. 1300) if assistance is needed or you may contact your sales agent.
5. If your Merchant Agreement has an initial term of 3-years, 2-years or 1-year and you elect to terminate your Merchant Agreement prior to the expiration of such term, you may be responsible to pay an early termination fee of not less than \$295.
6. For applicable fees payable by Merchant, you should review the (a) the Merchant Application, (b) Section 1.15 of the Merchant Agreement, and (c) any additional fee schedule.
7. You understand that all fees may be modified or new fees introduced upon written notice to you. IMPORTANT - Within 30 days after a fee increase or the introduction of a new fee, you may terminate the Merchant Agreement without obligation to pay any applicable early termination fee other than fee increases or new fees caused by a Card Network or other 3rd party passed through to Merchant.
8. You specifically authorize Servicers to debit your approved bank account(s) for fees, Chargebacks, returns, fines and any other penalties or amounts owed under the Merchant Agreement.
9. You will be responsible for any monthly minimum fees, if any, set forth on the Merchant Application, as such fees may be adjusted from time to time.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member– Bank –is the ultimate authority should the Merchant have any problems.

The purpose of the Important Merchant Agreement Disclosures is to provide the Merchant with an overview of key terms and conditions of the governing Merchant Agreement. The terms and conditions provided within this disclosure are not an exhaustive representation of all terms, conditions, rights or obligations under the Agreement. Defined terms used in this disclosure may be found in the Merchant Processing Agreement located at www.myresourceportal.com/epx_agreement.

Merchant Acknowledgment: Roy Cooper (Signature)
Name & Title of Signatory: Roy Cooper (Owner)
Date: 12/30/2025