Attached Document Checklist
Voided Check ☐
Copy of Drivers License ☐

Fax to : 901-692-9499
email to:
statements@impactpays.net

IMPACT PAYMENT PARTNERS

Merchant Application Submission Form

Merchant DBA Name: Drasco Trading Post
Merchant Legal Name: David J. Lee
Physical Address: 6949 Heber Springs Rd City: Drasco
State: AR Zip: 72530
Phone Number: 870-6608-3040 Fax Number:
Email Address: salesedrascotradingpost.com Website: drascotradingpost.com
Billing Address: PO Box 85 City: Drasco
State: AR Zip: 72530

Business Type

☐ Corporation State: AR Date Incorporated:
☐ Limited Liability % of Business Owned: 100 %
☒ Sole Prop
☐ Partnership ☐ Other
Federal Tax ID# Business Start Date

Ownership Infromation

Officer/Owners Name: David Lee Social Security 551-84-9603
Home Address: PO Box 85 City: Drasco State: AR
Drivers License#: 900418251 Expiration Date: 03/11/24 State: AR
DOB

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
Name of Bank Eagles Bank + Trust Company
City State Zip
ABA Routing # 082001179
Account # 000 2723

Estimated Sales Volume

Esitimated Annual Sales (All sales)	450,000	$ ~~500,000~~
Esitmated Visa/MC/Discover Sales		$
Estimated Amex Sales		$
Average Ticket		$
**Highest Ticket		$

% Card Swiped	%
% Card Keyed In	%
%Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Terminal Configuration

Batch Time:
Commumication Method:
Dial ☐ IP-Internet ☐
Do you dial 9 for outside line?
Terminal Type
Equipment Purchase ☐
Equipment Replacement Program ☐
PIN Debit Pin Pad ☐
POS SOFTWARE ☐
Software Name
Version

Surcharge Program

Managing Partner

Managing Partner Name Jason + Lisa Taylor
Date Submitted 9-27-19

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: