Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	Version:007.16 IMPACT PAYSYSTEM
Voided Check	☐		email to: applications@impactpays.net	
Business Verification Document	☐			
Copy of Drivers License	☐			

Merchant Application Submission Form

Merchant (Business) DBA Name:	Wilda Lee's Auto Sales & Repair LLC		
Business Legal Name:	Wilda Lee's Auto Sales	Website:	
Contact Name:	Lee French	Contact Phone Number:	
Physical Address:	11990 Hwy 90	Vancleave City, State, Zip:	ms 39565
Email Address:	wildaleesautosales@gmail.com	Phone #:	228-818-9363
Billing Address:	11990 Hwy 90	City, State, Zip:	
Biz Phone #:	228-818-9363	Biz Fax #:	EIN/Tax ID #: 83-1475206

Business Type

Corporation - Pick One:	.	Type: .	Bus Open Date:	
Refund Policy:	.	Print Policy: .		(If yes input refund message)

Types of Goods Sold:

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name:	Lee French		Title: Owner	Social Security:	364-94-9222
Home Address:	~~20522~~ 20522 Finch Rd		City, State, Zip Code:	Vancleave ms 39565	
Drivers License#:	802471602	Exp Date:	12-18-24	State Issued:	
DOB:	12-18-1983	Home Phone#:	228-238-6090		
% of Business Owned:	100 %	Length of Ownership:	8 years		

Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank	Keesler	Batch Out Time (for nextday funding 7:00 PM):	
ABA Routing #	265577585	Communication Method: .	
Account #	900010833920	Do you dial 9 for outside line? -	
Estimated Sales Volume		Terminal Type:	
Estimated Annual Sales (All sales)	$	Reprogram Terminal:	.
Estimated Visa/MC/Discover Sales	$	Equipment Purchase:	.
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$	Equip. Rental Program:	.
Average Ticket	$	Next Day Funding:	. Yes
High Ticket	$	Tip Edit:	.
First two sections must equal 100% respectively		EBT: .	FNS Number:
Card Swiped: % Card Keyed In: % =100% 0		Tax Calculation:	If so tax rate:
Card Present: % Card Not Present % =100% 0		Software or POS Integration Questions Only	
MOTO: % Internet: %		POS Software Integration:	.
Program Type: .		Software Name & Version:	
Notes:		MP/AP Name:	
		RP Name:	
		Pricing Provided:	

Receipt Header Message:
Receipt Footer Message: