Attached Required Document Checklist		email to: anna@vaultedsecurity.com
Voided Check ☑		
Business Verification Document ☑		
Copy of Drivers License ☑		
Managing Partner Name: Anna Bourgegois		
Date Submitted: 1/13/2024		

VAULTED SECURITY

Merchant Application Submission Form

Merchant (Business) DBA Name: SWAMP DOG CAFE LLC

Business Legal Name: SWAMP DOG CAFE LLC

Contact Name: JORDAN SPENCER **Contact Phone Number:** (822) 934-9586

Physical Address: 3366 VEROT SCHOOL RD Unit 100 **City, State, Zip:** LAFAYETTE, LA 70508

Phone Number: (337) 451-4006 **Fax Number:**

Email Address: therefinedpantry@gmail.com **Website:** swampdogcafe.com

Billing Address: 34 OAKTHORN CT **City:** YOUNGSVILLE

State: LA **Zip:** 70592

Business Type

◯ **Corporation - circle one:** Private or Public

◉ **LLC - circle one:** ◯ C corp ◯ S corp ◯ P partner ◯ D disregarded entity

◯ **Sole Prop** ◯ **Other:**

◯ **Partnership**

Business Start Date: 01-09-2024

EIN/Federal Tax ID# 99-0566317 **Refund Policy?** ◯ Yes ◉ No

Types of Goods Sold: FOOD & BEVERAGE

Ownership Information (25% or more) *Might need information on all owners*

Officer/Owners Name: JORDAN SPENCER **Title:** MEMBER **Social Security:** 435-69-3165

Home Address: 34 OAKTHORN CT **City, State, Zip Code:** YOUNGSVILLE, LA 70592

Drivers License#: 008177949 **Expiration Date:** 01-17-2027 **State:** LA

DOB: 01-17-1986 **Home Phone Number:** (822) 934-9586

% of Business Owned: 50 % **Length of Ownership:**

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank HANCOCK WHITNEY

ABA Routing # 065400153

Account # 71002384

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 100000
Estimated Annual Visa/MC/Discover/ AMEX Sales	$
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$ 7000
Average Ticket	$ 25
High Ticket	$ 500

First two sections must equal 100% respectively

Card Swiped: **% Card Keyed In:** **% = 100%**

Card Present: 50 **% Card Not Present** 50 **% =100%**

MOTO: **%** **Internet:** **%**

◉ **Cash Discount or** ◯ **Traditional**

Notes:

DUAL PRICING 4% TO CUSTOMER 3.84% FLAT

Terminal Questions

Batch Out Time: 9:30 EST / 8:30 CST

Communication Method: ◉ IP-internet ◯ Dial-phone ◯ WIFI

Terminal Type: SKYTAB

Pin Pad Type: 2 SkyTab POS Stations

Reprogram Terminal: ◯ Yes ◉ No

Equipment Purchase: ◯ Yes ◉ No

PIN Debit Pin Pad: ◯ Yes ◉ No

POS Software Integration: ◯ Yes ◯ No

Software Name & Version:

Next Day Funding: ◉ Yes ◯ No

Tip Adjust: ◯ Yes ◯ No

$20 LIGHTHOUSE

$20 PROCESSING ACCOUNT

Version: 001

VAULTED
SECURITY

Additional Owner Information:

Officer/Owners Name: MEGAN SPENCER **Title:** MEMBER **Social Security:** 433-77-1299

Home Address: 34 OAKTHORN CT **City, State, Zip Code:** YOUNGSVILLE, LA 70592

Drivers License#: 008842858 **Expiration Date:** 07-28-2026 **State:** LA

DOB: 07-28-1988 **Home Phone Number:** (337) 258-3625

% of Business Owned: 50___________% **Length of Ownership:**

Additional Owner Information:

Officer/Owners Name: **Title:** **Social Security:**

Home Address: **City, State, Zip Code:**

Drivers License#: **Expiration Date:** **State:**

DOB: **Home Phone Number:**

% of Business Owned: ___________% **Length of Ownership:**

Additional Owner Information:

Officer/Owners Name: **Title:** **Social Security:**

Home Address: **City, State, Zip Code:**

Drivers License#: **Expiration Date:** **State:**

DOB: **Home Phone Number:**

% of Business Owned: ___________% **Length of Ownership:**

Additional Owner Information:

Officer/Owners Name: **Title:** **Social Security:**

Home Address: **City, State, Zip Code:**

Drivers License#: **Expiration Date:** **State:**

DOB: **Home Phone Number:**

% of Business Owned: ___________% **Length of Ownership:**