Attached Required Document Checklist	Fax to : 901-692-9499
Voided Check ☒	email to: applications@impactpays.net
Copy of Drivers License ☒	
Managing Partner Name: Lisa Taylor	
Date Submitted:	

IMPACT — PAYMENT PARTNERS

Merchant Application Submission Form

Merchant (Business) DBA Name: AR-U Computing

Business Legal Name:

Contact Name: Ross Loggains — Contact Phone Number: 8705694904

Physical Address: 1693 Batesville Blvd — City, State, Zip: Batesville AR 72501

Phone Number: 8705694904 — Fax Number:

Email Address: arucomputing@gmail.com — Website:

Billing Address: 1693 Batesville Blvd — City: Batesville

State: AR — Zip: 72501

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: Jan 16 2013

Federal Tax ID# 38-3896124

Refund Policy? Yes or No

Types of Goods Sold: Computer & Parts

Ownership Information (Must be 51% or more)

Officer/Owners Name: Ross Loggains — Title: Mr — Social Security: 430754544

Home Address: 39 Southern Dr — City, State, Zip Code: Batesville, AR 72501

Drivers License#: 917862235 — Expiration Date: 9-4-24 — State: AR

DOB: 09-04-1985 — Home Phone Number: 870 307 9943

% of Business Owned: 100 % — Length of Ownership: 7 years

Banking Information

☐ Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank Merchants & Planters Bank

ABA Routing # 082907561

Account # 1367978

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 24,994
Estimated Visa/MC/Discover Sales	$ 1,200
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$ 150
Average Ticket	$ 100
High Ticket	$ 2,000

First two sections must equal 100% respectively

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

Card Present: % Card Not Present % =100%

MOTO: % Internet: %

Notes:

Same day funding if possible and if no extra charge

Terminal Questions

Batch Out Time:	
Communication Method:	IP-internet or Dial-phone
Do you dial 9 for outside line?	☐ Yes - ☒ No
Terminal Type:	
Pin Pad Type:	
Reprogram Terminal:	☐ Yes - ☒ No
Equipment Purchase:	☐ Yes - ☐ No
Equipment Rental Program:	☐ Yes - ☐ No
PIN Debit Pin Pad:	☐ Yes - ☐ No
POS Software Integration:	☐ Yes - ☒ No
Software Name & Version:	
Next Day Funding:	☒ Yes - ☐ No
Tip Edit:	☐ Yes - ☐ No

Version: 003