Attached Required Document Checklist		email to: anna@vaultedsecurity.com
Voided Check ☐		
Business Verification Document ☐		
Copy of Drivers License ☐		
Managing Partner Name: Rachel		
Date Submitted: 6/20/2022		

VAULTED SECURITY

Merchant Application Submission Form

Merchant (Business) DBA Name: Just 4 Him Sunset LLC

Business Legal Name: SAME

Contact Name: Rachel Beranek **Contact Phone Number:** 985-518-3128

Physical Address: 166 Oak Tree Park Dr Ste E **City, State, Zip:** Sunset, LA 70584

Phone Number: Same **Fax Number:**

Email Address: Rachelberanek@hotmail.com **Website:**

Billing Address: SAME **City:**

State: **Zip:**

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: June 2022

EIN/Federal Tax ID# 88-1522022

Refund Policy? ◯ Yes ◯ No

Types of Goods Sold: Barber

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

Officer/Owners Name: Rachel Beranek **Title:** OWNER **Social Security:** 434-75-4847

Home Address: 211 Hwy 182 E **City, State, Zip Code:** Morgan City, LA 70380

Drivers License#: 008287430 **Expiration Date:** 10/18/2023 **State:** LA

DOB: 10/18/1984 **Home Phone Number:** 985-518-3128

% of Business Owned: 100 % **Length of Ownership:** New location, franchised owned for 6 yrs

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

ABA Routing #

Account #

Estimated Sales Volume	
Estimated Annual Sales (All sales)	$
Estimated Annual Visa/MC/Discover/ AMEX Sales	$
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$25,000
Average Ticket	$30.00
High Ticket	$ 200.00

First two sections must equal 100% respectively

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

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

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

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

Notes:

CD @ 4%. $40/MO service charge

Terminal Questions	
Batch Out Time: MANUAL	
Communication Method: ◯ IP-internet ◯ Dial-phone ◉ WIFI	
Terminal Type: VL100 & VL300	
Pin Pad Type:	
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

Version: 001

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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:

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: