Attached Document Checklist	
Voided Check	☑
Copy of Drivers License	☑

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

IMPACT — PAYMENT PARTNERS —

Merchant Application Submission Form

Merchant (Business) DBA Name:	Arlington Services		
Business Legal Name:	Arlington Pools d/b/a Arlington Services, LLC		
Contact Name:	Cindy Swords	**Contact Phone Number:**	901-301-1110
Physical Address:	9100 Deadfall Road	**City, State, Zip:**	Millington 38053
Phone Number:	901-301-1110	**Fax Number:**	N/A
Email Address:	arlingtonservices@gmail.com	**Website:**	N/A
Billing Address:	9100 Deadfall Road	**City:**	Millington
State:	Tennessee	**Zip:**	38053

Business Type

☐	Corporation	**Business Start Date:**	October 1991
☑	Limited Liability	**Business Type:**	General Construction
☐	Sole Prop	**% of Business Owned:**	100 % **Length of Ownership:** 28 years
☐	Partnership	☐ Other **Types of Goods Sold:**	Services
Federal Tax ID#	27-2630231	**Refund Policy?**	None

Ownership Infromation

Officer/Owners Name:	John D. Bates	**Title:** Owner	**Social Security:**
Home Address:	9100 Deadfall Road	**City, State, Zip Code:**	Millington TN 38053
Drivers License#:	054417178	**Expiration Date:** 03/05/2026	**State:** Tennessee
DOB:	04/29/1963	**Home Phone Number:**	901-461-1144

Banking Information

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

Name of Bank	Patriot Bank		
City	Rosemark	**State** Tennessee	**Zip** 38053
ABA Routing #	084008824		
Account #	7119321		

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 800,000.00
Estimated Visa/MC/Discover Sales	$ 80,000.00
Estimated Amex Sales	$ 0
Average Ticket	$ 2500.00
****Highest TIcket**	$ 5000.00

% Card Swiped	0	%
% Card Keyed In	100	%
%Card Present	0	%
% Card Not Present	100	%
% MOTO	0	%
% Internet	0	%
% B2B	0	%
% International Cards	0	%

Terminal Questions

Batch Out Time:	
Communication 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:	
Next Day Funding (Yes or No):	No
Tip Edit (Yes or No):	No

Quickbooks Integration

Managing Partner

Managing Partner Name	Cindy Swords
Date Submitted	10/25/2019

Internal Use Only

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