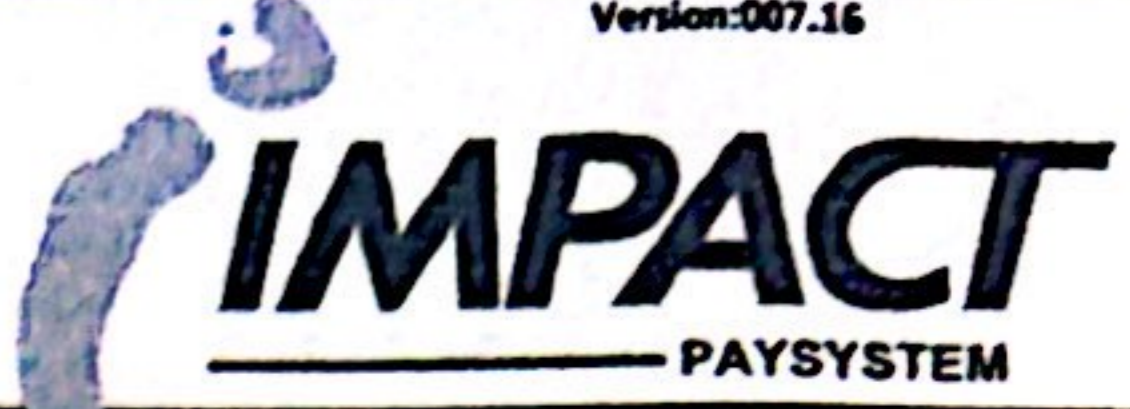


|   |                                     |                 |  |  |
|---|-------------------------------------|-----------------|--|--|
| <b>Attached Required Document Checklist</b> |                                     | Date Submitted: | Fax to : 901-692-9499                    | Version: 007.16  |
| Voided Check                                | <input checked="" type="checkbox"/> |                 | email to:<br>applications@impactpays.net |  |
| Business Verification Document              | <input checked="" type="checkbox"/> |                 |  |  |
| Copy of Drivers License                     | <input checked="" type="checkbox"/> |                 |  |  |

**Merchant Application Submission Form**

|                               |                            |                       |   |
|-------------------------------|----------------------------|-----------------------|---|
| Merchant (Business) DBA Name: | S + S Automotive LLC       |                       |   |
| Business Legal Name:          | S + S Automotive           | Website:              |   |
| Contact Name:                 | Steve Watkins              | Contact Phone Number: | 205-765-9302                            |
| Physical Address:             | 30120 State Hwy 79 Ste 100 |                       | City, State, Zip: LOCUST FORK, AL 35097 |
| Email Address:                | ssautomotive1969@gmail.com | Phone #:              | 205-680-8899                            |
| Billing Address:              | 30120 State Hwy 79 Ste 100 |                       | City, State, Zip: LOCUST FORK, AL 35097 |
| Biz Phone #:                  | 205-680-8899               | Biz Fax #:            | EIN/Tax ID #: 47-5604497                |

|   |               |     |                               |
|---|---------------|-----|-------------------------------|
| <b>Business Type</b>                      |               |     |                               |
| Corporation - Pick One:                   | Type:         | LLC | Bus Open Date: 2015           |
| Refund Policy:                            | Print Policy: |     | (If yes input refund message) |
| Types of Goods Sold:<br>Convenience Store |               |     |                               |

|  |               |                        |                     |
|--|---------------|------------------------|---------------------|
| <b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b> |               |                        |                     |
| Officer/Owners Name:   | Steve Watkins | Title:                 | Owner               |
| Home Address:  | 725 Co Hwy 13 | City, State, Zip Code: | Cleveland, AL 35049 |
| Drivers License#:  | 5344951       | Exp Date:              | 7-2-2025            |
| DOB:   | 6-28-1969     | Home Phone#:           | 205-765-9302        |
| % of Business Owned:   | 100 %         | Length of Ownership:   | 9 years             |

|   |   |
|---|---|
| <b>Banking Information ** No starter checks or deposit slips accepted**</b> | <b>Terminal Questions (Circle your answer)</b>    |
| Name of Bank: Hometown Bank   | Batch Out Time (for nextday funding 7:00 PM): 7pm |
| ABA Routing #: 062206444  | Communication Method: -                           |
| Account #: 2053110  | Do you dial 9 for outside line? -                 |

|  |                          |
|--|--------------------------|
| <b>Estimated Sales Volume</b>                            | <b>Terminal Type:</b>    |
| Estimated Annual Sales (All sales) \$                    | Reprogram Terminal: -    |
| Estimated Visa/MC/Discover Sales \$                      | Equipment Purchase: -    |
| Estimated Monthly Visa/MC/Discover/AMEX Sales \$18,000.* | Equip. Rental Program: - |
| Average Ticket <del>500</del> \$500.*                    | Next Day Funding: -      |
| High Ticket \$10,000.**                                  | Tip Edit: -              |

|   |                              |   |                 |
|---|------------------------------|---|-----------------|
| First two sections must equal 100% respectively |                              | EFT:  | FNS Number:     |
| Card Swiped: 99 %                               | Card Keyed In: 1 % = 100% 0  | Tax Calculation:                                  | If so tax rate: |
| Card Present: %                                 | Card Not Present: % = 100% 0 | <b>Software or POS Integration Questions Only</b> |                 |
| MOTO: %   | Internet: %                  | POS Software Integration:                         |                 |
| Program Type:                                   |                              | Software Name & Version:                          |                 |

|   |                            |
|---|----------------------------|
| Notes: Autobuxx 3.5% to customer<br>VL100 pin pad \$14.95 \$10/month for debit 2.45% + 15 cents | MP/AP Name: Holley Shirley |
|   | RP Name: Jennifer Slight   |
|   | Pricing Provided: Emily    |
| Receipt Header Message: See Emily on this acct. she knows whats going on.                       |                            |
| Receipt Footer Message: He also needs a bypass button also.                                     |                            |