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

Merchant Application Submission Form

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|--|--|--------------------------------|--|
| Merchant (Business) DBA Name: <u>Lupitas Ice Cream</u> | | Website: | |
| Business Legal Name: <u>Lupitas Ice Cream</u> | | | |
| Contact Name: <u>Jose Guerrero</u> | Contact Phone Number: | | |
| Physical Address: <u>999 2nd Ave E</u> | City, State, Zip: <u>Oneonta, AL 35121</u> | | |
| Email Address: <u>chaconlupita@gmail.com</u> | Phone #: <u>205-446-7746</u> | | |
| Billing Address: <u>999 2nd Ave E</u> | City, State, Zip: <u>Oneonta, AL 35121</u> | | |
| Biz Phone #: <u>205-446-7746</u> | Biz Fax #: | EIN/Tax ID #: <u>320586881</u> | |

| | | | |
|--|------------------------|-------------------------------|--|
| Business Type | | | |
| Corporation - Pick One: <u>Sole prop</u> | Type: <u>·</u> | Bus Open Date: <u>2003</u> | |
| Refund Policy: <u>·</u> | Print Policy: <u>·</u> | (If yes input refund message) | |
| Types of Goods Sold: <u>Convenience Store</u> | | | |

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

| | | |
|--|---|---------------------------|
| Officer/Owners Name: <u>Amado Chacon</u> | Title: <u>Owner</u> | Social Security: <u>·</u> |
| Home Address: <u>604 Ridgeway Dr</u> | City, State, Zip Code: <u>Oneonta, AL 35121</u> | |
| Drivers License#: <u>·</u> | Exp Date: <u>·</u> | State Issued: <u>AL</u> |
| DOB: <u>·</u> | Home Phone#: <u>·</u> | |
| % of Business Owned: <u>100 %</u> | Length of Ownership: <u>21 years</u> | |

Banking Information ** No starter checks or deposit slips accepted** Terminal Questions (Circle your answer)

| | |
|--|--|
| Name of Bank: <u>Peoples Bank of Alabama</u> | Batch Out Time (for nextday funding 7:00 PM): <u>7:00 pm</u> |
| ABA Routing #: <u>062203010</u> | Communication Method: <u>·</u> |
| Account #: <u>2000050248</u> | Do you dial 9 for outside line? <u>·</u> |

| | | | |
|--|--|---------------------------------|--|
| Estimated Sales Volume | | Terminal Type: | |
| Estimated Annual Sales (All sales) \$ | | Reprogram Terminal: <u>·</u> | |
| Estimated Visa/MC/Discover Sales \$ | | Equipment Purchase: <u>·</u> | |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ <u>20,000.00</u> | | Equip. Rental Program: <u>·</u> | |
| Average Ticket \$ <u>25.00</u> | | Next Day Funding: <u>·</u> | |
| High Ticket \$ <u>50.00</u> | | Tip Edit: <u>·</u> | |

First two sections must equal 100% respectively

| | | | | |
|--------------------------|------------------------------|---------------------|------------------|-----------------|
| Card Swiped: <u>99 %</u> | Card Keyed In: <u>1 %</u> | = 100% ⁰ | EFT: <u>·</u> | FNS Number: |
| Card Present: <u>· %</u> | Card Not Present: <u>· %</u> | = 100% ⁰ | Tax Calculation: | If so tax rate: |

Software or POS Integration Questions Only

| | | |
|---------------------------------|----------------------|------------------------------------|
| MOTO: <u>· %</u> | Internet: <u>· %</u> | POS Software Integration: <u>·</u> |
| Program Type: <u>·</u> | | Software Name & Version: |
| Notes: <u>Rev UP</u> | | MP/AP Name: <u>Holley Shirley</u> |
| <u>\$14.95 / month 6 months</u> | | RP Name: <u>Jennifer Sligh</u> |
| <u>\$29.95 / months after</u> | | Pricing Provided: |

Receipt Header Message:

Receipt Footer Message: