


|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>Attached Required Document Checklist</b>  |  | Date Submitted:                             | Fax to: 901-692-9499   |                      | Version: 005  |
| Voided Check <input checked="" type="checkbox"/>   |  |   | email to:  |  |   |
| Business Verification Document <input checked="" type="checkbox"/>                                       |  | 1-1-24                                      | applications@impactpays.net  |  |   |
| Copy of Drivers License <input checked="" type="checkbox"/>  |  |   |  |  |   |
| <b>Merchant Application Submission Form</b>  |  |   |  |  |   |
| Merchant (Business) DBA Name: Southern Accents   |  |   |  |  |   |
| Business Legal Name: Same  |  |   |  |  |   |
| Contact Name: Lisa Davis   |  |   | Contact Phone Number: 501-206-8399   |  |   |
| Physical Address: 6757 Greers Ferry Road   |  |   | City, State, Zip: Greers Ferry, AR 72067   |  |   |
| Phone Number: 501-206-8399   |  |   | Fax Number:  |  |   |
| Email Address: Lisadavis.daviddavis@yahoo.com  |  |   | Website:   |  |   |
| Billing Address: 170 Sundrift Road   |  |   |  | City: Drasco   |   |
| State: Arkansas  |  | Zip: 72530                                  |  |  |   |
| <b>Business Type</b>   |  |   |  |  |   |
| Corporation - circle one: Private or Public  |  |   | Business Start Date: 6-11-24   |  |   |
| LLC - circle one: C corp S corp P partner D disregarded entity   |  |   | Refund Policy: 30 days 60 days Other None  |  |   |
| <input checked="" type="checkbox"/> Sole Prop    Other:  |  | EIN/Federal Tax ID# 71-0682457              |  | Print Refund Policy on Footer:   |   |
| Partnership  |  | Types of Goods Sold: Household items, gifts |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>(If yes input message in notes) |   |
| <b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b> |  |   |  |  |   |
| Officer/Owners Name: Lisa Davis  |  | Title:                                      |  | Social Security: 430-29-2344   |   |
| Home Address: 170 Sundrift Road  |  |   | City, State, Zip Code: Drasco, AR 72530  |  |   |
| Drivers License#:  |  | Expiration Date: 08/25                      |  | State: AR  |   |
| DOB: 921681601   |  | Home Phone Number: 501-206-8399             |  |  |   |
| % of Business Owned: 100 %   |  | Length of Ownership: 1 month                |  |  |   |
| <b>Banking Information ** No starter checks or deposit slips accepted**</b>                              |  |   | <b>Terminal Questions (Circle your answer)</b>   |  |   |
| Name of Bank First Arkansas Bank & Trust   |  |   | Batch Out Time: 6pm  |  |   |
| ABA Routing # 082007649  |  |   | Communication Method: <input checked="" type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone |  |   |
| Account # 72480783   |  |   | Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          |  |   |
| <b>Estimated Sales Volume</b>  |  |   | <b>Terminal Type:</b>  |  |   |
| Estimated Annual Sales (All sales)   |  | \$ 75,000                                   | Reprogram Terminal:  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Estimated Visa/MC/Discover Sales   |  | \$ 20%                                      | Equipment Purchase:  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales   |  | \$ 5%                                       | Equipment Rental Program:  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Average Ticket   |  | \$ 20                                       | Next Day Funding:  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| High Ticket  |  | \$ 500                                      | Tip Edit:  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Card Swiped: 95 % Card Keyed In: 5 % = 100%  |  |   | EBT: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> FNS Number:                         |  |   |
| Card Present: 99 % Card Not Present 1 % =100%  |  |   | Tax Calculation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so tax rate: 8.625 % |  |   |
| <b>Software or POS Integration Questions Only</b>  |  |   |  |  |   |
| MOTO: % Internet: %  |  |   | POS Software Integration: Yes <input type="checkbox"/> No <input type="checkbox"/>                           |  |   |
| Traditional <input checked="" type="checkbox"/> IBUXX SimpleBuxx PrimeBuxx                               |  |   | Software Name & Version:   |  |   |
| Notes:   |  |   | MP/AP Name: Lisa Taylor  |  |   |
|  |  |   | RP Name:   |  |   |
|  |  |   | Pricing Provided: Statement Analysis or Quote  |  |   |
| Receipt Header Message: Southern Accents   |  |   |  |  |   |
| Receipt Footer Message: Thank you for your business!   |  |   |  |  |   |