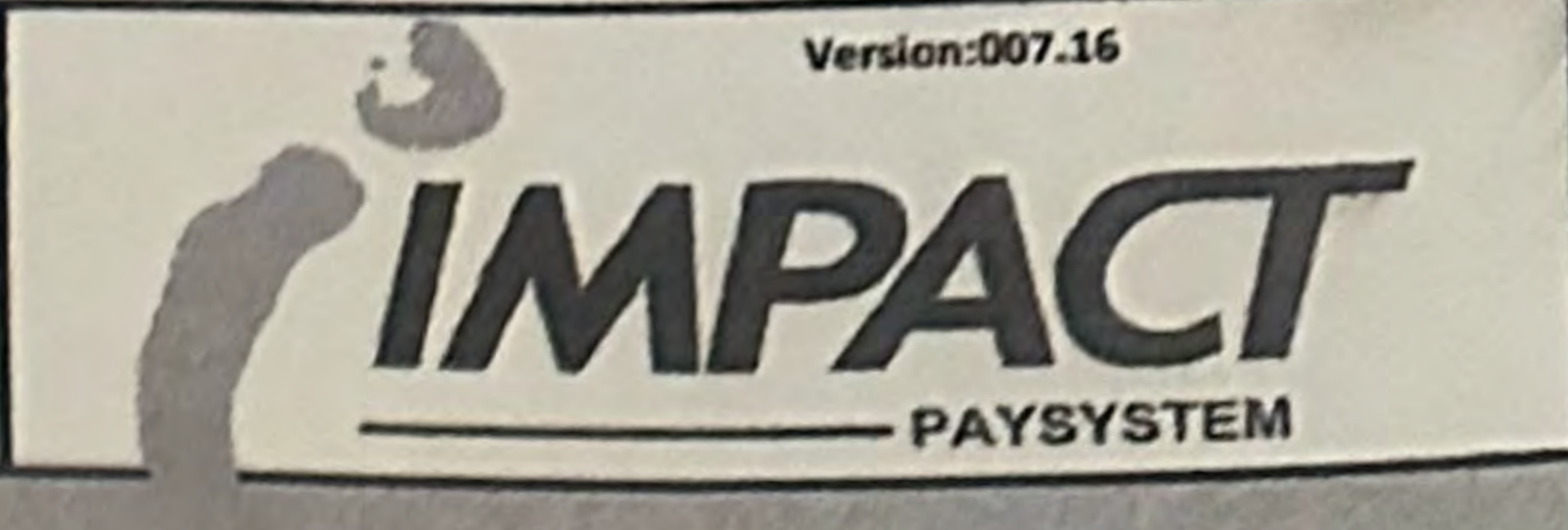


Attached Required Document Checklist		Date Submitted:
Voided Check	<input type="checkbox"/>	
Business Verification Document	<input type="checkbox"/>	
Copy of Drivers License	<input type="checkbox"/>	

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



Merchant Application Submission Form

Merchant (Business) DBA Name: ~~Alabama Beds LLC~~ - AI Beds LLC dba Alabama Beds LLC
 Business Legal Name: AI Beds LLC dba Alabama Beds LLC Website:
 Contact Name: Lance Nolan Contact Phone Number: 205-446-5130
 Physical Address: 1305 2nd Ave E City, State, Zip: Oneonta, AL 35121
 Email Address: Tena@bamabeds.com Phone #: 205-446-5130
 Billing Address: 1305 2nd Ave E City, State, Zip: Oneonta, AL 35121
 Biz Phone #: 205-762-0062 Biz Fax #: ~~205-762-0062~~ EIN/Tax ID #: 99-2698263

Business Type

Corporation - Pick One: . Type: LLC Bus Open Date: 2021
 Refund Policy: . Print Policy: . (If yes input refund message)
 Types of Goods Sold:
 Convenience Store

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

Officer/Owners Name: Lance Nolan Title: Owner Social Security: 419-94-1074
 Home Address: 31975 State Hwy 75 City, State, Zip Code: Oneonta, AL 35121
 Drivers License#: 5424343 Exp Date: 4-8-26 State Issued: AL
 DOB: 4-6-72 Home Phone#: 205-446-5130
 % of Business Owned: 100% Length of Ownership: 3 months

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: Hometown Bank Batch Out Time (for nextday funding 7:00 PM): 7pm
 ABA Routing #: 062206444 Communication Method: .
 Account #: 2100259 Do you dial 9 for outside line? -

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales) \$
 Estimated Visa/MC/Discover Sales \$
 Estimated Monthly Visa/MC/Discover/AMEX Sales \$50,000.00
 Average Ticket \$600.00
 High Ticket \$10,000.00
 First two sections must equal 100% respectively 410,000

Tip Edit:

Card Swiped: 99% Card Keyed In: 1% = 100%
 Card Present: % Card Not Present % = 100%
 MOTO: % Internet: %
 Program Type: .
 Notes: 1 Buxx 3.5% for customer
 Valor Rocket \$14.95/month - needs two

EBT:

FNS Number:

Tax Calculation:

If so tax rate:

Software or POS Integration Questions Only

POS Software Integration: .
 Software Name & Version:
 MP/AP Name: Holley Shirley
 RP Name: Jennifer Slight
 Pricing Provided:

Receipt Header Message:

Receipt Footer Message: