

Attached Document Checklist

Voided Check

Copy of Drivers License

Fax to : 901 692 9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Millington Beer & Tobacco

Business Legal Name: Axxel, Inc

Contact Name: Mitesh Patel Contact Phone Number: (901) 872-8168

Physical Address: 5077 NW 82 City, State, Zip: Millington, TN 38053

Phone Number: (901) 872-8168 Fax Number:

Email Address: mitesh5099@gmail.com Website:

Billing Address: 5077 NW 82 City: Millington

State: TN Zip: 38053

Business Type

Corporation Business Start Date: 01/01/2009

Limited Liability Business Type: C-Store

Sole Prop % of Business Owned: 100 % Length of Ownership: 11 YR

Partnership Other Types of Goods Sold: C-Store

Federal Tax ID# 263919065 Refund Policy?

Ownership Information

Officer/Owners Name: BHARAT BHAI PATEL Title: President Social Security: 364-19-4837

Home Address: 4304 Jeffery Street City, State, Zip Code: Millington, TN 38053

Drivers License#: 2966791216 Expiration Date: State: Tennessee

DOB: 06/01/1966 Home Phone Number: 901-218-6731

Banking Information

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

Name of Bank Finsouth Bank

City Millington State TN Zip 38053

ABA Routing #

Account #

Estimated Sales Volume

Terminal Questions

Estimated Annual Sales (All sales)	\$	Batch Out Time: <u>11:15 P.M.</u>
Estimated Visa/MC/Discover Sales	\$	Communication Method: <u>Internet</u>
Estimated Amex Sales	\$	Dial <input type="checkbox"/> IP-Internet <input checked="" type="checkbox"/>
Average Ticket	\$	Do you dial 9 for outside line? <u>NO</u>
**Highest Ticket	\$	Terminal Type <u>ICT 220/FREE PER DEE</u>
% Card Swiped	%	Equipment Purchase <input type="checkbox"/>
% Card Keyed In	%	Equipment Replacement Program <input type="checkbox"/>
% Card Present	%	PIN Debit Pin Pad <input checked="" type="checkbox"/>
% Card Not Present	%	POS SOFTWARE <input type="checkbox"/>
% MOTO	%	Software Name & Version:
% Internet	%	Next Day Funding (Yes or No):
% B2B	%	Tip Edit (Yes or No): <u>EB</u>
% International Cards	%	

EBT @ 0.85¢ Per DEE
NO TERMINATION FOR 1ST
6 months.

Managing Partner

Managing Partner Name

Date Submitted

Internal Use Only

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