

**Attached Document Checklist**

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to: applications@impactpays.net



**Merchant (Business) DBA Name:** Marion County Treatment Center

**Business Legal Name:** Same

**Contact Name:** Pam John **Contact Phone Number:**

**Physical Address:** 1879 Military St S **City, State, Zip:** Hamilton AL 305

**Phone Number:** 205 921 3799 **Fax Number:** 205 921 3480

**Email Address:** pjohn@myself.com **Website:**

**Billing Address:** Same **City:**

**State:** **Zip:**

Corporation **Business Start Date:** 2005

Limited Liability **Business Type:** Drug Treatment Center

Sole Prop **% of Business Owned:** 51 % **Length of Ownership:** 15 years

Partnership **Other** **Types of Goods Sold:**

**Federal Tax ID#** 631280829 **Refund Policy?:**

**Officer/Owners Name:** Patricia Waldrop **Title:** President **Social Security:** 375 504586

**Home Address:** 224 Co Rd 3989 **City, State, Zip Code:** Jagger AL 30507

**Drivers License#:** 3231409 **Expiration Date:** 1/4/23 **State:** AL

**DOB:** 9-8-48 **Home Phone Number:** 205 275 2672

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

**Name of Bank:** First National Bank

**City:** Hamilton **State:** AL **Zip:** 30570

**ABA Routing #:** 062202859

**Account #:** 20200565

**Estimated Annual Sales (All sales)** 600,000 \$ **Keyed/ma**

**Estimated Visa/MC/Discover Sales** \$

**Estimated Amex Sales** \$

**Average Ticket** \$

**\*\*Highest Ticket** \$

% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

**Match Out Time:**

**Communication Method:**

Dial  IP-Internet

Do you dial 9 for outside line?

**Terminal Type**

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name & Version:

Next Day Funding (Yes or No):

Tip Edit (Yes or No):

**Managing Partner Name**

**Date Submitted**

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