| Attached Required Document Checklist | | Fax to : 901-692-9499 | IMPACT |
|---|---|---|---|
| Voided Check | | email to: applications@impactpays.net | |
| Business Verification Document | | | |
| Copy of Drivers License | | | |
| Managing Partner Name: | | | |
| Date Submitted: | | | |

## Merchant Application Submission Form

| | | | |
|---|---|---|---|
| Merchant (Business) DBA Name: | | | |
| Business Legal Name: | Wilbanks Oil Company, Inc | | |
| Contact Name: | Ronnie Atkinson | Contact Phone Number: | 601-267-9241 |
| Physical Address: | 201 Hwy 35 South | City, State, Zip: | Carthage, MS 39051 |
| Phone Number: | 601-267-9241 | Fax Number: | 601-267-9240 |
| Email Address: | wilbanksoilcompanyinc@gmail.com | Website: | |
| Billing Address: | P.O. Box 71 | City: | Carthage |
| State: | MS | Zip: | 39051 |
| Business Type | Gas/Oil Company | | |

- ☐ Corporation - circle one: Private or Public
- ☒ LLC - circle one: C corp S corp P partner D disregarded entity
- ☐ Sole Prop ☐ Other:
- ☐ Partnership

Business Start Date: 8/1/2012

EIN/Federal Tax ID#: 46-0591901 Refund Policy? (Yes) or No

Types of Goods Sold: Gas/Specialty fuels and oils

### Ownership Information (Must be 51% or more) *Might need information on all owners*

| | | | | | |
|---|---|---|---|---|---|
| Officer/Owners Name: | Ronnie Atkinson | Title: | President | Social Security: | 587-61-6222 |
| Home Address: | 1605 County Line Road | City, State, Zip Code: | Carthage, MS 39051 | | |
| Drivers License#: | 801224906 | Expiration Date: | 10/8/2027 | State: | MS |
| DOB: | 10/8/1972 | Home Phone Number: | 601-540-8659 | | |
| % of Business Owned: | 100 % | Length of Ownership: | 9 years | | |

### Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

| | |
|---|---|
| Name of Bank | First Financial Bank |
| ABA Routing # | 282970110 |
| Account # | 2612505053 |

### Estimated Sales Volume

| | |
|---|---|
| Estimated Annual Sales (All sales) | $300,000 |
| Estimated Annual Visa/MC/Discover/ AMEX Sales | $200,000 |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | $20,000 |
| Average Ticket | $ 650 |
| High Ticket | $6000.00 |

First two sections must equal 100% respectively

Card Swiped: 98 % Card Keyed In: 2 % = 100%

Card Present: 98 % Card Not Present 2 % =100%

MOTO: % Internet: %

IBUXX or Traditional

Notes:

### Terminal Questions

| | |
|---|---|
| Batch Out Time: | 12:00 p.m |
| Communication Method: | (IP-Internet) Dial-phone WIFI |
| Do you dial 9 for outside line? | Yes - (No) |
| Terminal Type: | |
| Pin Pad Type: | |
| Reprogram Terminal: | Yes - No |
| Equipment Purchase: | Yes - No |
| Equipment Rental Program: | Yes - No |
| PIN Debit Pin Pad: | Yes - No |
| POS Software Integration: | Yes - No |
| Software Name & Version: | |
| Next Day Funding: | Yes - No |
| Tip Edit: | Yes - No |

Version: 004