

Attached Required Document Checklist	Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted: 2-29-24	email to:	
Business Verification Document <input checked="" type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Deals Depot

Business Legal Name: _____

Contact Name: Aarika Engles Contact Phone Number: 870-512-8528

Physical Address: 505 South St. Louis City, State, Zip: Batesville, AR 72501

Phone Number: same Fax Number: _____

Email Address: aarikabrown0712@gmail.com Website: _____

Billing Address: _____ City: _____

State: same Zip: _____

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____

Partnership

EIN/Federal Tax ID# 92-2020736

Types of Goods Sold: used retail

Business Start Date: 2-2-2023

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No

(If yes input message in notes)

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

Officer/Owners Name: Aarika Engles Title: _____ Social Security: 429-95-0467

Home Address: 8507 Ark. Hwy 69 City, State, Zip Code: Mt. Pleasant AR 72561

Drivers License#: 934727350 Expiration Date: 2-27-24 State: AR

DOB: 2-27-96 Home Phone Number: _____

% of Business Owned: 100 % Length of Ownership: 1 year

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: <u>1st Community</u>	Batch Out Time: <u>730</u>
ABA Routing #: <u>082908573</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #: <u>4245775</u>	Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$40K</u>	Reprogram Terminal: Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Visa/MC/Discover Sales <u>\$NA</u>	Equipment Purchase: Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$NA</u>	Equipment Rental Program: Yes <input type="checkbox"/> No <input type="checkbox"/>
Average Ticket <u>\$50</u>	Next Day Funding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
High Ticket <u>\$500</u>	Tip Edit: Yes <input type="checkbox"/> No <input type="checkbox"/>

First two sections must equal 100% respectively

Card Swiped: _____ % Card Keyed In: _____ % = 100%	Tax Calculation: Yes <input type="checkbox"/> No <input type="checkbox"/> If so tax rate: <u>10</u> %
Card Present: <u>100</u> % Card Not Present <input type="checkbox"/> % = 100%	Software or POS Integration Questions Only
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Traditional <input checked="" type="checkbox"/> IBUX <input type="checkbox"/> SimpleBux <input type="checkbox"/> PrimeBux <input type="checkbox"/>	Software Name & Version: _____
Notes: _____	MP/AP Name: <u>Lisa Taylor</u>
	RP Name: _____
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Deals Depot