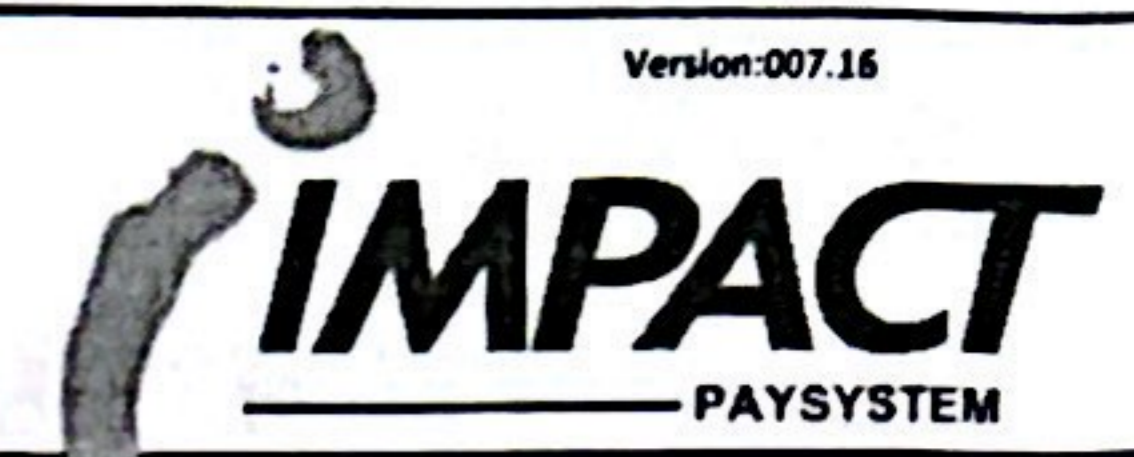


| | | | | |
|---|--------------------------|------------|-----------------------------|--|
| Attached Required Document Checklist | | Date | Fax to : 901-692-9499 |  |
| Voided Check | <input type="checkbox"/> | Submitted: | email to: | |
| Business Verification Document | <input type="checkbox"/> |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

Merchant Application Submission Form

| | | | |
|--|-------------------------|-------------------------------------|--|
| Merchant (Business) DBA Name: Southland Gas Inc. | | Website: Southlandgas.com | |
| Business Legal Name: Southland Gas Inc. | | Contact Name: Christy Robinson | |
| Contact Name: Christy Robinson | | Contact Phone Number: 205-625-6633 | |
| Physical Address: 321 6th St. South | | City, State, Zip: Oneonta, AL 35121 | |
| Email Address: Southlandgas@gmail.com | | Phone #: 205-625-6633 | |
| Billing Address: P.O. Box 778 | | City, State, Zip: Oneonta, AL 35121 | |
| Biz Phone #: 205-625-6633 | Biz Fax #: 205-274-2262 | EIN/Tax ID #: 63-1087227 | |

| | | | |
|--|---------------|-------------------------------|--|
| Business Type | | | |
| Corporation - Pick One: SP | Type: | Bus Open Date: June 1993 | |
| Refund Policy: | Print Policy: | (If yes input refund message) | |
| Types of Goods Sold: Propane - Propane Part/Accessories Convenience Store | | | |

| | | | |
|--|--|------------------------------|--|
| Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form | | | |
| Officer/Owners Name: Derrick Phillips | Title: President | Social Security: 420-11-5256 | |
| Home Address: 56 Kingsview Ct. | City, State, Zip Code: Oneonta, AL 35121 | | |
| Drivers License#: 5399152 | Exp Date: 1/07/2026 | State Issued: Alabama | |
| DOB: 1/04/1970 | Home Phone#: 205-602-8628 | | |
| % of Business Owned: 100% | Length of Ownership: | | |

| | | | |
|---|---|---|--------------------------|
| Banking Information ** No starter checks or deposit slips accepted** | | Terminal Questions (Circle your answer) | |
| Name of Bank: Hometown Bank | ABA Routing #: 062206444 | Batch Out Time (for nextday funding 7:00 PM): 5pm | Communication Method: IP |
| Account #: 2000057 | Estimated Annual Sales (All sales): \$250K | Do you dial 9 for outside line? NO | Terminal Type: Virtual |
| Estimated Visa/MC/Discover Sales: \$ | Estimated Monthly Visa/MC/Discover/AMEX Sales: \$4K | Equipment Purchase: | Equip. Rental Program: |
| Average Ticket: \$500 ⁰⁰ | High Ticket: \$2K | Next Day Funding: YES | Tip Edit: NO |

| | | | |
|---|--|------------------|-----------------|
| First two sections must equal 100% respectively | | EBT: | FNS Number: |
| Card Swiped: 99 % | Card Keyed In: 100 % = 100% 0 | Tax Calculation: | If so tax rate: |

| | | | |
|--|---------------------------------|---|--|
| Card Present: 99 % | Card Not Present: 50 % = 100% 0 | Software or POS Integration Questions Only | |
| MOTO: % | Internet: 100 % | POS Software Integration: | |
| Program Type: | Software Name & Version: | MP/AP Name: | |
| Notes: I bux x 3.5% Swipe simple? 2495 | RP Name: | Pricing Provided: | |

| |
|-------------------------|
| Receipt Header Message: |
| Receipt Footer Message: |