

Attached Required Document Checklist

Voided Check
 Copy of Drivers License

Fax to : 901-692-9499

email to:
 applications@impactpays.net



Managing Partner Name: David Copeland
 Date Submitted: June 14, 2020

Merchant Application Submission Form

Merchant (Business) DBA Name: CAREYS Body Shop
 Business Legal Name: 901 Collosion Center
 Contact Name: Patrick James Contact Phone Number: 901 487-2214
 Physical Address: 7850 Hwy 51 N City, State, Zip: Millington TN 38053
 Phone Number: 901-872-4002 Fax Number: 901 872-4825
 Email Address: 901 CAREYS@gmail.com Website:
 Billing Address: 7850 Hwy 51 N City: Millington
 State: TN Zip: 38053

Business Type

Corporation - circle one: Private or Public Business Start Date: 1977
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Federal Tax ID# 82 2981208 Refund Policy? Yes or No No
 Partnership Types of Goods Sold: body REPAIR ON CARS/TRUCKS

Ownership Information (Must be 51% or more)

Officer/Owners Name: PATRICK JAMES Title: OWNER Social Security: 414 59 5389
 Home Address: 105 SIMPSON DR City, State, Zip Code: OAKLAND, TN 38060
 Drivers License#: 090938525 Expiration Date: 12-27-2025 State: TN
 DOB: 11-29-82 Home Phone Number: 901 487-2214
 % of Business Owned: 100 % Length of Ownership: 4 YEARS

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank RENASANT BANK
 ABA Routing # 084 201 294
 Account # 8015727693

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>3m</u>	Batch Out Time:	<u>7:00 pm</u>
Estimated Visa/MC/Discover Sales	\$	Communication Method:	<input checked="" type="checkbox"/> IP-internet or Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ <u>2-3,000</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	\$	Terminal Type:	
High Ticket	\$	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>95</u> % Card Keyed In: % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: % Card Not Present % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:		POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No

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