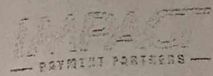


Attached Document Checklist
 Voided Check
 Copy of Drivers License

Fax to : 901-692-9499
 email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Court Square Cafe Becky J Spitzer
 Business Legal Name: Beck Court Square Cafe
 Contact Name: Becky Spitzer Contact Phone Number: 901 475-1440
 Physical Address: 132 W Liberty Ave City, State, Zip:
 Phone Number: Fax Number:
 Email Address: N/A Website:
 Billing Address: 5311 Queen Ann DR City: Memphis
 State: TN Zip: 38135

Business Type
 Corporation Business Start Date: 1997
 Limited Liability Business Type: Restaurant
 Sole Prop % of Business Owned: 100 % Length of Ownership: _____
 Partnership Other Types of Goods Sold: Food
 Federal Tax ID# Refund Policy? No

Ownership Information
 Officer/Owners Name: Becky Spitzer Title: OWNER Social Security: 412 946503
 Home Address: 5311 Queen Ann DR City, State, Zip Code: Memphis TN 38135
 Drivers License#: 043144740 Expiration Date: 12-5-19 State: TN
 DOB: 12-5-54 Home Phone Number: 901 373-9486

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank BAN CORP South
 City Covington State TN Zip 38019
 ABA Routing # 084300603
 Account # 17233560

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>482,000</u>	Batch Out Time:	<u>MANUAL</u>
Estimated Visa/MC/Discover Sales	\$	Communication Method:	<u>phone dial</u>
Estimated Amex Sales	\$	<input checked="" type="radio"/> Dial	IP-Internet
Average Ticket	\$ <u>10.00</u>	Do you dial 9 for outside line?	<u>No</u>
**Highest Ticket	\$ <u>50.00</u>	Terminal Type	<u>VX520</u>
		Equipment Purchase	
		<input checked="" type="radio"/> Equipment Replacement Program	
		PIN Debit Pin Pad	<u>No</u>
		POS SOFTWARE	
		Software Name & Version:	
		Next Day Funding (Yes or No):	<u>yes</u>
		Tip Edit (Yes or No):	<u>yes call Bethany</u>

Managing Partner DAVID COPELAND 11-12-19
 Managing Partner Name
 Date Submitted

Internal Use Only

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