


Attached Required Document Checklist		Date	Fax to: 901-692-9499		Version: 005
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: <u>Ollar Surveying Company, LLC</u>					
Business Legal Name: <u>Ollar SURVEYING company, LLC</u>					
Contact Name: <u>Raven Benson (accountant)</u> Contact Phone Number: <u>901-466-4101 OR 662 902 2860 (cell)</u>					
Physical Address: <u>3157 Hwy 64, Ste 250</u> City, State, Zip: <u>Eads, TN 38028</u>					
Phone Number: <u>901-465-5555</u> Fax Number: <u>901-466-4104</u>					
Email Address: <u>Raven@rendevco.net</u> Website: <u>www.ollarsurveying.com</u>					
Billing Address: <u>3157 Hwy 64, Ste 250</u> City: <u>Eads</u>					
State: <u>TN</u> Zip: <u>38028</u>					
Business Type					
Corporation - circle one: Private or Public			Business Start Date: <u>04/08/2013</u>		
<input checked="" type="radio"/> LLC circle one: C corp S corp <input checked="" type="radio"/> partner D disregarded entity			Refund Policy: 30 days 60 days Other None		
Sole Prop Other:			EIN/Federal Tax ID# <u>46-2485577</u>		Print Refund Policy on Footer:
Partnership			Types of Goods Sold:		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: <u>Douglas C. Swink</u> Title: <u>President</u> Social Security: <u>417-17-8930</u>					
Home Address: <u>315 Main St.</u> City, State, Zip Code: <u>Rossville, TN 38066</u>					
Drivers License#: <u>070773961</u> Expiration Date: <u>08/29/2026</u> State: <u>TN</u>					
DOB: <u>08/24/1968</u> Home Phone Number: <u>901-466-4101</u>					
% of Business Owned: <u>50% *</u> Length of Ownership: <u>10 yrs</u>					
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank: <u>The Bank of Fayette County</u>			Batch Out Time:		
ABA Routing #: <u>084 304 337</u>			Communication Method: IP-internet or Dial-phone		
Account #			Do you dial 9 for outside line? Yes No		
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales)		<u>\$1,100,000</u>	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/AMEX Sales		\$	Equipment Rental Program:	Yes	No
Average Ticket		<u>\$2325.00</u>	Next Day Funding:	Yes	No
High Ticket		<u>\$35,581.00</u>	Tip Edit:	Yes	No
First two sections must equal 100% respectively			EBT: Yes No FNS Number:		
Card Swiped:	% Card Keyed In:	% = 100%	Tax Calculation: Yes No If so tax rate: _____ %		
Card Present:	% Card Not Present	% = 100%	Software or POS Integration Questions Only		
MOTO:	% Internet:	%	POS Software Integration: Yes No		
Traditional IBUXX SimpleBuxx PrimeBuxx			Software Name & Version:		
Notes:			MP/AP Name:		
			RP Name:		
			Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:					
Receipt Footer Message:					

*additional ownership info attached