

Olive Branch

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|---|--|------------------|-----------------------------|---|--------------|
| Attached Required Document Checklist | | Date | Fax to: 901-692-9499 |  | Version: 005 |
| Voided Check <input type="checkbox"/> | Business Verification Document <input checked="" type="checkbox"/> | Submitted: 3-223 | email to: | | |
| Copy of Drivers License <input checked="" type="checkbox"/> | | | applications@impactpays.net | | |

Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: Raleigh Tire Service Inc.

Contact Name: _____ Contact Phone Number: _____

Physical Address: 6902 Goodman Rd City, State, Zip: Olive Branch

Phone Number: 662-890-9545 Fax Number: _____

Email Address: office@raleightire.com Website: raleightire.com

Billing Address: 5908 Airline Road City: Arlington

State: TN Zip: 38002

Business Type

Corporation - circle one: Private or Public

Business Start Date: 2005

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

Refund Policy: 30 days 60 days Other None

Sole Prop Other: _____

Partnership _____

EIN/Federal Tax ID# 620990745

Types of Goods Sold: Service & Sales

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: Albert Bellanti Title: owner Social Security: 415-68-3637

Home Address: 745 Pisgah N. City, State, Zip Code: Eads TN 38028

Drivers License#: 026295190 Expiration Date: 9/19/27 State: TN

DOB: 10/4/44 Home Phone Number: 901 218-1944

% of Business Owned: _____ % Length of Ownership: 1964

Banking Information ** No starter checks or deposit slips accepted **

Terminal Questions (Circle your answer)

Name of Bank: First Horizon Batch Out Time: 6pm

ABA Routing #: 084000026 Communication Method: IP Internet or Dial-phone

Account #: 177922991 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

| | | | | |
|--|------------------|---------------------------|------------|----|
| Estimated Annual Sales (All sales) | <u>\$3.2 mil</u> | Reprogram Terminal: | Yes | No |
| Estimated Visa/MC/Discover Sales | <u>\$2.3 mil</u> | Equipment Purchase: | Yes | No |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | <u>\$195K</u> | Equipment Rental Program: | <u>Yes</u> | No |
| Average Ticket | <u>\$200</u> | Next Day Funding: | <u>Yes</u> | No |
| High Ticket | <u>\$10K</u> | Tip Edit: | Yes | No |

First two sections must equal 100% respectively

Card Swiped: 85 % Card Keyed In: 15 % = 100%

Card Present: 85 % Card Not Present 15 % = 100%

MOTO: _____ % Internet: _____ %

Traditional IBUXX SimpleBuxx PrimeBuxx

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: _____

Notes: _____

MP/AP Name: Tricia

RP Name: Extra Credit

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____