

**Attached Required Document Checklist**

Voided Check   
 Business Verification Document   
 Copy of Drivers License

Date Submitted: **3-6-23**  
 Fax to : 901-692-9499  
 email to: **applications@impactpays.net**



Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: **Old Town Hall**  
 Business Legal Name: **Old Town Hall + Cafe**  
 Contact Name: **Charlene Coburn** Contact Phone Number: **901 475 0502**  
 Physical Address: **108-110 E Court Sq** City, State, Zip: **Covington TN 38019**  
 Phone Number: **901 475 0502** Fax Number:  
 Email Address: **wpeeler@aol.com** Website:  
 Billing Address: **Same** City:

State: Zip:

**Business Type**

Corporation - circle one: **Private** or Public Business Start Date: **1997**  
 LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other **None**  
 Sole Prop Other: EIN/Federal Tax ID# 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: **William A Peeler** Title: **Owner** Social Security: **408-92-2536**  
 Home Address: **214 E Liberty** City, State, Zip Code: **Covington, TN 38019**  
 Drivers License#: **036248556** Expiration Date: **07-13-25** State: **TN**  
 DOB: **9-13-52** Home Phone Number: **901-634-0220**  
 % of Business Owned: **100** % Length of Ownership: **25 years**

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

**Terminal Questions (Circle your answer)**

Name of Bank **Patriot Bank** Batch Out Time: **7:00 pm**  
 ABA Routing # **084008824** Communication Method: **IP-internet** or Dial-phone  
 Account # **9037144** Do you dial 9 for outside line? Yes **No**

**Estimated Sales Volume**

**Terminal Type:**

Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes <b>No</b>
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	<b>Yes</b> No
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program:	Yes <b>No</b>
Average Ticket <b>See Statement</b>	\$	Next Day Funding:	<b>Yes</b> No
High Ticket <b>\$25.00</b>	\$	Tip Edit:	<b>Yes</b> <b>No</b>

**First two sections must equal 100% respectively**

Card Swiped: **98** % Card Keyed In: **2** % = 100%  
 Card Present: **98** % Card Not Present **2** % = 100%

EBT: Yes **No** FNS Number:  
 Tax Calculation: Yes No If so tax rate: %

**Software or POS Integration Questions Only**

MOTO: % Internet: %  
 Traditional IBUX SimpleBux PrimeBux  
 Software Name & Version:  
 MP/AP Name: **David Copeland**  
 RP Name:  
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: **Old Town Hall 110 Court Sq Covington TN 38019**  
 Receipt Footer Message: **None**

Notes: **will purchase a terminal \$5.00 monthly fee see Emily**