Attached Paguired Decument Checklist	Fax to : 901-692-	0400	1
Attached Required Document Checklist Voided Check	Fax to : 901-692-	9499	
Business Verification Document	email to:		
Copy of Drivers License		applications@impactpays.net — payment partners —	
Managing Partner Name: David Copeland	applications@impactpaysitet		
Date Submitted: 5/20/21			-
Merc	chant Application Submissi	on Form	
Merchant (Business) DBA Name: Fish Island			
Business Legal Name: Fish Island Outfitters LLC			
Contact Phone Number:			
Physical Address: 3535 Blue Springs Rd	City, State, Zip: Cadiz, KY 42211		
Phone Number: 270-924-0780 Fax Number:			
Email Address:	Website:		
Billing Address:	City:		
State: Zip:			
	Business Type		
Corporation - circle one: Private or Public	ļ	Business Start Date:	
LLC - circle one: C corp S corp P partner D dis	regarded entity		
Sole Prop Other:	ederal Tax ID# 85-37369:	13	Refund Policy? Yes or No
☐ Partnership Types	of Goods Sold:		
Ownership Information (Must be 51% or more) *Might need information on all owners*			
Officer/Owners Name: Tony & Jayson	Title: Owner	Social Security:	T:404-23-6594 J:402-29-6029
Home Address: City, State, Zip Code:			
Drivers License#:	Expiration Date: State:		
DOB:	Home Phone Number: T:		
f Business Owned: 50/50 % Length of Ownership:			
	Banking Information		
A copy of a voided check or a signed ve		ank is required. *No Starte	r Checks Accepted*
Name of Bank		<u></u>	- C.
ABA Routing #			
Account #			
Estimated Sales Volume		Termi	nal Questions
Estimated Annual Sales (All sales)	\$	Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales	<u> </u>		P-internet Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Do you dial 9 for outside lin	e? Yes - No
Average Ticket	\$	Terminal Type:	
High Ticket		Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: % Card Keyed In: % = 10	-	Equipment Purchase:	Yes - No
Card Present: % Card Not Present % =10		Equipment Rental Program	
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No
(IBUXX) (or Traditional)	-	POS Software Integration:	
Notes:	-	Software Name & Version	
	-	Next Day Funding:	Yes - No
	Ĺ	Tip Edit:	Yes - No
	-		
	_		Version: 004