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|---|-------------------------------------|-----------------|-----------------------------|---|
| Attached Required Document Checklist | | Date Submitted: | Fax to: 901-692-9499 |  Version: 005 |
| Voided Check | <input checked="" type="checkbox"/> | 3-18-22 | email to: | |
| Business Verification Document | <input checked="" type="checkbox"/> | | applications@impactpays.net | |
| Copy of Drivers License | <input checked="" type="checkbox"/> | | | |

Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: CE Farm Services LLC

Contact Name: Nikki Contact Phone Number: 803-793-3746

Physical Address: 16477 Heritage Hwy City, State, Zip: Denmark, SC 29042

Phone Number: 803- Fax Number: _____

Email Address: N.Hartzog@carolina-eastern.com Website: NO

Billing Address: _____ City: Denmark

State: SC Zip: 29042

Business Type

Corporation - circle one: Private or Public

Business Start Date: 7-1-2000

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# 84-3556023 Print Refund Policy on Footer: Yes No

Partnership _____ Types of Goods Sold: fertilizer (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Dannie Infinger Title: owner Social Security: 251276755

Home Address: 853 Bluff Road City, State, Zip Code: Denmark, SC 29042

Drivers License#: 008692290 Expiration Date: 9/15/23 State: SC

DOB: 9/15/1970 Home Phone Number: 803-

% of Business Owned: 100 % Length of Ownership: 22 years

Banking Information ** No starter checks or deposit slips accepted** **Terminal Questions (Circle your answer)**

Name of Bank: Carolina Eastern-Williams Batch Out Time: 5:30

ABA Routing #: 053200983 Communication Method: IP-internet or Dial-phone

Account #: 070075122 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: 19.95 IBUX

| | | | |
|---|---------------------------------------|---------------------------|---------------|
| Estimated Annual Sales (All sales) | <u>\$100K</u> | Reprogram Terminal: | Yes <u>No</u> |
| Estimated Visa/MC/Discover Sales | <u>New</u> | Equipment Purchase: | Yes <u>No</u> |
| Estimated Monthly Visa/MC/Discover/AMEX Sales | <u>\$</u> | Equipment Rental Program: | Yes <u>No</u> |
| Average Ticket | <u>don't know</u> | Next Day Funding: | <u>Yes</u> No |
| High Ticket | <u>New hope more to get off \$15K</u> | Tip Edit: | Yes <u>No</u> |

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

EBT: Yes No FNS Number: _____

Card Swiped: 80 % Card Keyed In: _____ % = 100%

Card Present: 20 % Card Not Present: _____ % = 100%

MOTO: _____ % Internet: _____ %

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: _____

MP/AP Name: K. Sease

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Notes: ethernet not phone sticker for there door 19.95

Receipt Header Message: Kristi G Sease

Receipt Footer Message: _____