


<b>Attached Required Document Checklist</b>	Date	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted: 3-27-22	email to: applications@impactpays.net	
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: LEAH MARSHALL

Business Legal Name: BRIGHTON NUTRITION

Contact Name: LEAH MARSHALL Contact Phone Number: 731 413 9296

Physical Address: 7615 Hwy 51 Suite 108 City, State, Zip: BRIGHTON TN 38011

Phone Number: 901 313 9554 Fax Number: \_\_\_\_\_

Email Address: 901 BRIGHTON@gmail.com Website: \_\_\_\_\_

Billing Address: 717 NEEDMORE Rd W City: HALLS

State: TN Zip: 38040

**Business Type**

Corporation - circle one: Private or Public

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

Other: Self Prop Partnership

Business Start Date: MAY 2021

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 86-3393907

Types of Goods Sold: NUTRITION DRINKS

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: LEAH RAE MARSHALL Title: OWNER Social Security: 415-69-2375

Home Address: 717 NEEDMORE Rd W City, State, Zip Code: HALLS TN 38040

Drivers License#: 104550614 Expiration Date: 1-21-30 State: TN

DOB: 3-15-89 Home Phone Number: 731 413 9296

% of Business Owned: 100 % Length of Ownership: 10 MONTHS

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

**Terminal Questions (Circle your answer)**

Name of Bank: THE LAUDERDALE COUNTY BANK Batch Out Time: 7pm

ABA Routing #: 084 303 118 Communication Method: IP-internet or Dial-phone

Account #: 0511 463 Do you dial 9 for outside line? Yes  No

**Estimated Sales Volume**

Estimated Annual Sales (All sales)	\$ _____	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	\$ _____	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$10,000<sup>00</sup></u>	Equipment Rental Program:	<input checked="" type="checkbox"/> Yes	No
Average Ticket	<u>\$16<sup>00</sup></u>	Next Day Funding:	<input checked="" type="checkbox"/> Yes	No
High Ticket	<u>\$130<sup>00</sup></u>	Tip Edit:	<input checked="" type="checkbox"/> Yes	No

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

Card Swiped: 98 % Card Keyed In: 2 % = 100%

Card Present: 98 % Card Not Present 2 % = 100%

MOTO: % Internet: %

EFT: Yes  No  FNS Number: \_\_\_\_\_

Tax Calculation: Yes No If so tax rate: \_\_\_\_\_ %

**Software or POS Integration Questions Only**

POS Software Integration: Yes No

Software Name & Version: \_\_\_\_\_

Notes: VALOR IBuxx → \$0.69  
39.95

MP/AP Name: DAVID CEPALAND

RP Name: \_\_\_\_\_

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: \_\_\_\_\_

Receipt Footer Message: \_\_\_\_\_