

**Attached Required Document Checklist**

Voided Check   
 Copy of Drivers License   
 Managing Partner Name: Tricia  
 Date Submitted: 11/13/19

Fax to : 901-692-9499  
 email to:  
 applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: Better Rx Betterx  
 Business Legal Name: Betterx LLC  
 Contact Name: Bob Self Contact Phone Number:  
 Physical Address: 200 Chickasaw Rd City, State, Zip: #25  
 Phone Number: 901 290 0428 Fax Number: 0723  
 Email Address: Office@Betterx.co Website: Betterx.co  
 Billing Address: same City:  
 State: Zip:

**Business Type**

Corporation - circle one: Private or Public  
 LLC - circle one: C corp S corp P partner D disregarded entity  
 Sole Prop  Other:  
 Partnership  
 Business Start Date: 6/2019  
 Federal Tax ID# 833264125 Refund Policy? Yes or No  
 Types of Goods Sold: Pharmaceuticals

**Ownership Information (Must be 51% or more)**

Officer/Owners Name: Robert "Bob" Self Title: owner Social Security: 42480 789 7892  
 Home Address: 3795 LeGrange Rd City, State, Zip Code: Somerville 38068  
 Drivers License#: Tn 120737091 Expiration Date: 11/1/27 State: TN  
 DOB: 3/19/59 Home Phone Number: 901 290 0428  
 % of Business Owned: 100 % Length of Ownership:

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)  
 Name of Bank: Bank of FC  
 ABA Routing #: 084304337  
 Account #: 10168109

**Estimated Sales Volume**  
 Estimated Annual Sales (All sales) \$  
 Estimated Visa/MC/Discover Sales \$  
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 2500  
 Average Ticket \$ 600  
 High Ticket  
 First two sections must equal 100% respectively  
 Card Swiped: 100 % Card Keyed In: % = 100%  
 Card Present: 98 % Card Not Present 99 % = 100%  
 % Internet: %  
 MOTO: card present 99% Not 1%

**Terminal Questions**  
 Batch Out Time: late as allowed for next  
 Communication Method: IP-internet or Dial-phone  
 Do you dial 9 for outside line?  Yes -  No  
 Terminal Type:  
 Pin Pad Type:  
 Reprogram Terminal:  Yes -  No  
 Equipment Purchase:  Yes -  No  
 Equipment Rental Program:  Yes -  No  
 PIN Debit Pin Pad:  Yes -  No  
 POS Software Integration:  Yes -  No  
 Software Name & Version:  
 Next Day Funding:  
 Tip Edit:  Yes -  No  
 Yes -  No

Notes: Stores cc#'s for customers  
minimization"



**DRIVER LICENSE**

USA  
TN

*Tennessee*  
THE VOLUNTEER STATE

DL NO. **120737091** DOB **03/19/1959**

EXP **01/11/2027** ISS **01/11/2019**

CLASS **D** END **NONE**

REST **01**

SEX **M** HGT **5'-10"** EYES **BR**

DD **1231901110838717**



**SELF**  
**ROBERT MITCHELL**  
**3795 LAGRANGE RD**

**SOMERVILLE, TN 38068-6407**

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON

100

**BETTERx LLC**  
200 Chickasaw Ridge Dr Ste 25  
Oakland TN 38060-6208

The Bank of Fayette County  
6870 Highway 64  
Oakland TN 38060-5191  
87-433/643

April 4, 2019

PAY TO THE ORDER OF

Betterx LLC

\$ 8,000

DOLLARS

eight thousand and 00/100

MEMO

capital exp/equity



[Signature]  
AUTHORIZED SIGNATURE

⑈000100⑈ ⑆084304337⑆ 10168109⑈