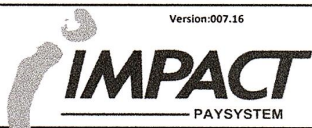


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net			
Business Verification Document	<input type="checkbox"/>					
Copy of Drivers License	<input type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:	A-Z TOWING					
Business Legal Name:	PELAH INVESTMENT GROUP	Website:	A-ZTOWING.COM			
Contact Name:	MARCUS HALL	Contact Phone Number:	405-577-6544			
Physical Address:	1401 LAKESHORE DR	City, State, Zip:	YUKON OK 73099			
Email Address:	Aztowing1@gmail.com	Phone #:	405-639-8606			
Billing Address:		City, State, Zip:				
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		
Business Type						
Corporation - Pick One:	LLC	Type:		Bus Open Date:	4-1-22	
Refund Policy:		Print Policy:		(If yes input refund message)		
Types of Goods Sold:	Wrecker Service					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:	MARCUS HALL	Title:	Owner	Social Security:	444 80 1035	
Home Address:	11912 NW 136th TERR	City, State, Zip Code:	Piedmont, OK 73078			
Drivers License#:	R082314907	Exp Date:		State Issued:	OK	
DOB:	6/29/75	Home Phone#:	405 639-8606			
% of Business Owned:	100 %	Length of Ownership:				
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)			
Name of Bank	Bancfirst	Batch Out Time (for nextday funding 7:00 PM):				
ABA Routing #	103003632	Communication Method:				
Account #	4326035021	Do you dial 9 for outside line? .				
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales)	\$ 250,000	Reprogram Terminal:				
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:				
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equip. Rental Program:				
Average Ticket	\$	Next Day Funding:				
High Ticket	\$	Tip Edit:				
First two sections must equal 100% respectively			EBT:	FNS Number:		
Card Swiped:	10 %	Card Keyed In:	90 % = 100% 0	Tax Calculation:	If so tax rate:	
Card Present:	90 %	Card Not Present	10 % = 100% 0	Software or POS Integration Questions Only		
MOTO:	%	Internet:	%	POS Software Integration:		
Program Type:				Software Name & Version:		
Notes:				MP/AP Name:		
			RP Name:			
			Pricing Provided:			
Receipt Header Message:						
Receipt Footer Message:						