

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

**Merchant Application Submission Form**

Merchant (Business) DBA Name: MetaOps, Inc

Business Legal Name: MetaOps, Inc

Contact Name: Kim Crabtree Contact Phone Number: 248-568-6485

Physical Address: 10343 RS Avenue City, State, Zip: Mattawan, MI 49071

Phone Number: 734-425-1455x104 Fax Number: 734-943-6608

Email Address: kkcrabtree@metaops.com Website: www.metaops.com

Billing Address: 10343 RS ave, City: Mattawan

State: MI Zip: 49071

**Business Type**

Corporation - circle one: Private or Public

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

Sole Prop Other:

Partnership

EIN/Federal Tax ID# 04-3709048

Types of Goods Sold: Courses

Business Start Date: 3/2002

Refund Policy: 30 days 60 days Other None

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: Kim Crabtree Title: President Social Security: 83-64-1545

Home Address: 10343 RS ave City, State, Zip Code: Mattawan, MI 49071

Drivers License#: 0613469744539 Expiration Date: 07/07/2035 State: MI

DOB: 7-7-1957 Home Phone Number: 269-283-4054

% of Business Owned: 51 % Length of Ownership: 2006

<b>Banking Information ** No starter checks or deposit slips accepted**</b>	<b>Terminal Questions (Circle your answer)</b>
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Name of Bank <u>Citizens Bank</u>	Batch Out Time:
ABA Routing # <u>241070417</u>	Communication Method: IP-internet or Dial-phone
Account # <u>4501026927</u>	Do you dial 9 for outside line? Yes No

<b>Estimated Sales Volume</b>	<b>Terminal Type:</b>
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Estimated Annual Sales (All sales) <u>\$500,000</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$250,000</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$15,000</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$500.00</u>	Next Day Funding: Yes No
High Ticket <u>\$2500.00</u>	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % = 100%	EBT: Yes <u>No</u> FNS Number:
Card Present: % Card Not Present % = 100%	Tax Calculation: Yes <u>No</u> If so tax rate: %

**Software or POS Integration Questions Only**

MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version: <u>Quick books</u>
Notes: <u>Refund Policy</u>	MP/AP Name:
Refunds are only available prior to one day prior of the event or training course.	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: metaops - essential skills when and where they're needed

Receipt Footer Message: Questions direct to: @ 734-425-1455 x0