

**Attached Document Checklist**

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to:  
applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: ~~XXXXXXXXXX~~ Dylan Smith

Business Legal Name: Kith Furniture LLC.

Contact Name: Lynn Sherrill Contact Phone Number:

Physical Address: 7155 St. Hwy 13 Haleyville City, State, Zip: AL 35565

Phone Number: 205-486-6818 Fax Number:

Email Address: lsherrill@kithfurniture.com Website:

Billing Address: Same City:

State: Zip:

**Business Type**

Corporation

Limited Liability

Sole Prop

Partnership

Other

Business Start Date: 6/14

Business Type: furniture company

% of Business Owned: 100% Length of Ownership: 5 yrs.

Federal Tax ID# 45-1286682

Types of Goods Sold:

Refund Policy?

**Ownership Information**

Officer/Owners Name: Dylan Smith Title: Owner Social Security: 424-37-4830

Home Address: 2736 County Hwy 160 City, State, Zip Code: Winfield AL 35544

Drivers License#: 7884683 Expiration Date: 6/14/22 State: AL

DOB: 10/16/91 Home Phone Number: 205-495-0252

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank Servis 1st Bank

City Birmingham State AL Zip 35209

ABA Routing # 062006505

Account # 1110090931

**Estimated Sales Volume**

**Terminal Questions**

Estimated Annual Sales (All sales) \$ 900,000

Estimated Visa/MC/Discover Sales \$

Estimated Amex Sales \$

Average Ticket \$ 300.00

\*\*Highest Ticket \$ 20,000.00

% Card Swiped	%
% Card Keyed In	100 %
% Card Present	0 %
% Card Not Present	%
% MOTO	%
% Internet	100 %
% B2B	%
% International Cards	%

Batch Out Time:

Communication Method:

Dial  IP-Internet

Do you dial 9 for outside line? \_\_\_\_\_

Terminal Type

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name & Version:

Next Day Funding (Yes or No):

Tip Edit (Yes or No):

**Managing Partner**

Managing Partner Name Tyler Robinson

Date Submitted

**Internal Use Only**

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:

speed

**KITH FURNITURE LLC**  
7155 STATE HWY 13  
HALEYVILLE, ALABAMA 35565  
PHONE: 205-486-6818

**SERVIS 1ST BANK**  
BIRMINGHAM, AL  
61-650/620

050699

*Void*

VOID IF NOT CASHED IN 120 DAYS

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