

Attached Document Checklist	
Voided Check	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

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



Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: Kalb Equipment, Inc

Contact Name: John Kalb Contact Phone Number: 901-761-1300

Physical Address: 4900 Old Summer Rd City, State, Zip: Memphis TN 38117

Phone Number: 901-761-1300 Fax Number: 901-761-1364

Email Address: info@kalbequipment.com Website: kalbequipment.com

Billing Address: 4900 Old Summer Rd City: Memphis

State: TN Zip: 38117

Business Type

<input checked="" type="checkbox"/> Corporation	Business Start Date: <u>1974</u>
<input type="checkbox"/> Limited Liability	Business Type: <u>Tractors + Mowers</u>
<input type="checkbox"/> Sole Prop	% of Business Owned: <u>100</u> % Length of Ownership: <u>1974</u>
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Federal Tax ID# <u>62-0926497</u>	Types of Goods Sold: <u>Tractor + Mowers</u>
	Refund Policy? _____

Ownership Information

Officer/Owners Name: John Kalb Title: Sec Social Security: 62-0926497

Home Address: 530 Rienzi City, State, Zip Code: Memphis TN 38117

Drivers License#: 060031207 Expiration Date: 2/27/25 State: TN

DOB: 2/22/67 Home Phone Number: 901-761-1300

Banking Information

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

Name of Bank First Tennessee

City Memphis State TN Zip 38117

ABA Routing # 084000026

Account # 182444319

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$ <u>3,000,000.00</u>
Estimated Visa/MC/Discover Sales	\$ <u>750,000</u>
Estimated Amex Sales	\$ _____
Average Ticket	\$ <u>100.00</u>
**Highest Ticket	\$ <u>12,000.00</u>
% Card Swiped	_____ %
% Card Keyed In	_____ %
% Card Present	_____ %
% Card Not Present	_____ %
% MOTO	_____ %
% Internet	_____ %
% B2B	_____ %
% International Cards	_____ %

Terminal Questions

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): Yes

Tip Edit (Yes or No): No

Managing Partner

Managing Partner Name _____

Date Submitted _____

Internal Use Only

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

DRIVER LICENSE



John Robert Kalb

USA
TN

Tennessee
THE VOLUNTEER STATE

DL NO **060031207** DOB **02/22/1967**
EXP **02/27/2025** ISS **02/27/2017**
CLASS **D** END **NONE**
REST **NONE**
SEX **M** HGT **6'-00"** EYES **HAZ**
DD **1701702270907080**

**KALB
JOHN ROBERT
530 RIENZI DR**

MEMPHIS, TN 38103-8733

Kubota



KALB EQUIPMENT COMPANY

4900 OLD SUMMER RD.
MEMPHIS, TN 38122
761-1300

2165

26-2840
8013

CHECK AMOUNT

PAY TO THE ORDER OF _____

DATE _____

\$ _____

DOLLARS

FIRST TENNESSEE
www.firsttennessee.com

FOR _____

⑆002165⑆ ⑆084000026⑆ ⑆8244319⑆

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MAY 1 2013