


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version: 007.16
Voided Check	<input type="checkbox"/>	Submitted:	email to:		
Business Verification Document	<input checked="" type="checkbox"/>		applications@impactpays.net		
Copy of Drivers License	<input checked="" type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name: Sun City Tanning Salon					
Business Legal Name: Sun City Tanning Salon		Website:			
Contact Name: Danny or Reba Skillman		Contact Phone Number: 205-274-2992			
Physical Address: 104 3rd St N		City, State, Zip: Oneonta, AL 35621			
Email Address: dj45killman@gmail.com		Phone #: 205-237-4982			
Billing Address: 7343 Co Hwy 39		City, State, Zip: Altoona, AL 35952			
Biz Phone #: 205-274-2992		Biz Fax #:		EIN/Tax ID #:	
Business Type					
Corporation - Pick One: Sole proprietor		Bus Open Date: June 2004			
Refund Policy:		Print Policy:		(If yes input refund message)	
Types of Goods Sold: Convenience Store					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: Reba Skillman		Title: Owner		Social Security: 204-25-6184	
Home Address: 7343 Co Hwy 39		City, State, Zip Code: Altoona, AL 35952			
Drivers License#: 5043864		Exp Date: 5-26-26		State Issued: AL	
DOB: 5-12-161		Home Phone#: 205-237-4982			
% of Business Owned: 100%		Length of Ownership: 20 years			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank: Hometown Bank		Batch Out Time (for nextday funding 7:00 PM): 7:00 pm			
ABA Routing #: 062206444		Communication Method:			
Account #: 2002517		Do you dial 9 for outside line? -			
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales) \$		Reprogram Terminal:			
Estimated Visa/MC/Discover Sales \$		Equipment Purchase:			
Estimated Monthly Visa/MC/Discover / AMEX Sales \$		Equip. Rental Program:			
Average Ticket \$ 200.00		Next Day Funding:			
High Ticket \$		Tip Edit:			
First two sections must equal 100% respectively			EBT:		FNS Number:
Card Swiped: 99%		Card Keyed In: 1%		% = 100% 0	
Card Present: %		Card Not Present: %		% = 100% 0	
MOTO: %		Internet: %		Tax Calculation:	
Program Type:		Software or POS Integration Questions Only			
		POS Software Integration:			
		Software Name & Version:			
Notes: Ibuax 3.95%		MP/AP Name: Holley Shirley			
		RP Name: Jennifer Sligh			
		Pricing Provided:			
Receipt Header Message:					
Footer Message:					

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