


|  |   |  |                                     |  |
|--|---|--|-------------------------------------|--|
| Attached Required Document Checklist   |   | Date Submitted:  | Fax to: 801-692-9499                | <br>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: <u>Smokin K's BBQ</u>  |   |  |                                     |  |
| Business Legal Name: <u>Smokin K's BBQ</u>   |   |  |                                     |  |
| Contact Name: <u>Kevin Klein</u>   |   | Contact Phone Number: <u>(269) 235 2890</u>                  |                                     |  |
| Physical Address: <u>1292 Clydelon Rd</u> City, State, Zip: <u>Waverly TN 37185</u>                    |   |  |                                     |  |
| Phone Number:  |   | Fax Number:  |                                     |  |
| Email Address: <u>KSKlein7@gmail.com</u> Website:  |   |  |                                     |  |
| Billing Address: <u>same as above</u>  |   |  |                                     | City:  |
| State:   |   | Zip:   |                                     |  |
| Business Type  |   |  |                                     |  |
| Corporation - circle one: Private or Public  |   | Business Start Date: <u>4/19/2022</u>                        |                                     |  |
| LLC - circle one: C corp S corp P partner <u>D disregarded entity</u>                                  |   | Refund Policy: 30 days 60 days Other None                    |                                     |  |
| Sole Prop Other:   |   | EIN/Federal Tax ID# <u>92-0304940</u>                        |                                     | Print Refund Policy on Footer: Yes No  |
| Partnership  |   | Types of Goods Sold: <u>Food</u>                             |                                     | If yes (add message in notes)  |
| Ownership Information (Do not list 25% or more if multiple owners. If no and second owner, not listed) |   |  |                                     |  |
| Officer/Owners Name: <u>Kevin Klein</u>  |   | Title: <u>owner</u>  | Social Security: <u>053 78 9654</u> |  |
| Home Address: <u>1292 Clydelon Rd</u>  |   | City, State, Zip Code: <u>Waverly TN 37185</u>               |                                     |  |
| Drivers License: <u>100165121</u>  |   | Expiration Date: <u>9/21/28</u>                              |                                     | State: <u>TN</u>   |
| DOB: <u>4-19-85</u>  |   | Home Phone Number: <u>216 235 2890</u>                       |                                     |  |
| % of Business Owned: <u>100 %</u>  |   | Length of Ownership: <u>2 years</u>                          |                                     |  |
| Terminal Selection: <u>** do closer checks on device slips attached**</u>                              |   | Terminal Quantity (Circle qty amount)                        |                                     |  |
| Name of Bank: <u>First Bank</u>  |   | Batch Out Time: <u>8 PM</u>                                  |                                     |  |
| ABA Routing # <u>084307033</u>   |   | Communication Method: <u>IP-Internet</u> or Dial-phone       |                                     |  |
| Account # <u>88521711</u>  |   | Do you dial 9 for outside line? Yes <u>No</u>                |                                     |  |
| Estimated Sales Volume   |   | Terminal Type: <u>VL500</u>                                  |                                     |  |
| Estimated Annual Sales (All sales) <u>\$ 120,000</u>   |   | Reprogram Terminal: Yes <u>No</u>                            |                                     |  |
| Estimated Visa/MC/Discover Sales <u>\$ 9,000</u>   |   | Equipment Purchase: Yes <u>No</u>                            |                                     |  |
| Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$ 3,100</u>  |   | Equipment Rental Program: <u>Yes</u> No                      |                                     |  |
| Average Ticket <u>\$ 20</u>  |   | Next Day Funding: <u>Yes</u> No                              |                                     |  |
| High Ticket <u>\$ 2,000</u>  |   | Tip Edit: <u>Yes</u> No                                      |                                     |  |
| First two on first card equal 100% on second   |   | EBT: Yes No FNS Number:                                      |                                     |  |
| Card Swiped: <u>55 %</u> Card Keyed In: <u>5 %</u> = 100%  |   | Tax Calculation: <u>Yes</u> No If so tax rate: <u>9.75 %</u> |                                     |  |
| Card Present: <u>55 %</u> Card Not Present: <u>5 %</u> = 100%  |   | Software or POS Integration Questions Only                   |                                     |  |
| MOTO: <u>0 %</u> Internet: <u>0 %</u>  |   | POS Software Integration: Yes No                             |                                     |  |
| Traditional <u>IBUX</u> SingleBux PrimeBux   |   | Software Name & Version:                                     |                                     |  |
| Notes:   |   | MP/AP Name:  |                                     |  |
| <u>[Handwritten notes]</u>   |   | AP Name:   |                                     |  |
|  |   | Pricing Provided: Statement Analysis or Quote                |                                     |  |
| Receipt Header Message:  |   |  |                                     |  |
| Receipt Footer Message:  |   |  |                                     |  |