

- BIRTH CERTIFICATE
- DRIVER LICENSE
- PASSPORT
- SOCIAL SECURITY CARD
- STATE IDENTIFICATION CARD
- VOTER REGISTRATION CARD
- WEDDING CERTIFICATE
- MILITARY SERVICE RECORD
- DEED TO REAL ESTATE
- ELECTRIC UTILITY BILLS
- BANK STATEMENTS
- EMPLOYMENT RECORDS
- TAX RECORDS
- INSURANCE POLICIES
- OTHER

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WEDNESDAY

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First Day of Winter

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JULY 2022
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16 17 18 19 20
23 24 25 26 27
30 31

New Business Valor

Attached Required Document Checklist		Date Submitted: <u>2-7-23</u>	Fax to: 901-692-9499
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>		Version: 005	
IMPACT PAYMENT PARTNER			
Merchant Application Submission Form			
Merchant (Business) DBA Name: <u>Willie Stricks Farm House Kitchen LLC</u>			
Business Legal Name: <u>same</u>			
Contact Name: <u>Andy Strickland</u>		Contact Phone Number: <u>843-599-3196</u>	
Physical Address: <u>Lowcountry Hwy</u>		City, State, Zip: <u>Ehrhardt SC 29081</u>	
Phone Number: <u>843-599-3197</u>		Fax Number: _____	
Email Address: <u>strickland1079@gmail.com</u>		Website: <u>com</u>	
Billing Address: <u>PO Box 68</u>		City: _____	
State: <u>Ehrhardt K</u>		Zip: <u>State SC 29081 (zip)</u>	
Business Type			
Corporation - circle one: <u>Private</u> or Public		Business Start Date: <u>2-1-2023</u>	
LLC - circle one: <u>C corp</u> S corp P partner D disregarded entity		Refund Policy: 30 days 60 days <u>Other</u> None 3 days	
Sole Prop Other:	EIN/Federal Tax ID#	Print Refund Policy on Footer: Yes <u>No</u>	
Partnership	Types of Goods Sold: <u>Food</u>	(If yes input message in notes)	
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form			
Officer/Owners Name: <u>Robert A Strickland</u>		Title: <u>Owner</u>	Social Security: <u>248-57-3418</u>
Home Address: <u>6357 Jeffries (JR) Hwy</u>		City, State, Zip Code: <u>Walterboro SC</u>	
Drivers License#: <u>P07559519</u>		Expiration Date: <u>10/25/2030</u>	State: <u>29488</u>
DOB: <u>10/30/1979</u>		Home Phone Number: _____	
% of Business Owned: <u>100 %</u>		Length of Ownership: <u>Dec. 2022</u>	
Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)	
Name of Bank: <u>(copy attached)</u>	Batch Out Time: _____	Communication Method: <u>IP-internet</u> or Dial-phone	
ABA Routing #: _____	Do you dial 9 for outside line? Yes <u>No</u>	Terminal Type: <u>VALOR</u>	
Account #: _____	Estimated Annual Sales (All sales): <u>\$75000⁰⁰</u>	Reprogram Terminal: Yes <u>No</u>	
	Estimated Visa/MC/Discover Sales <u>yearly</u> : <u>\$30000⁰⁰</u>	Equipment Purchase: Yes <u>No</u>	
	Estimated Monthly Visa/MC/Discover/ AMEX Sales: <u>\$15000⁰⁰</u>	Equipment Rental Program: Yes <u>No</u>	
Average Ticket: <u>\$60⁰⁰</u>	Next Day Funding: Yes <u>No</u>	Tip Edit: Yes <u>No</u>	
High Ticket: <u>\$1500⁰⁰</u>	EFT: Yes <u>No</u> FNS Number: _____	Tax Calculation: Yes <u>No</u> If so tax rate: _____ %	
First two sections must equal 100% respectively		Software or POS Integration Questions Only	
Card Swiped: <u>25 %</u> Card Keyed In: _____ % =100%	POS Software Integration: Yes <u>No</u>		
Card Present: <u>75 %</u> Card Not Present: _____ % =100%	Software Name & Version: _____		
MOTO: _____ % Internet: _____ %	MP/AP Name: <u>K Seal</u>		
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx	RP Name: _____		
Notes: <u>Valor switch the machine Willie Stricks</u>	Pricing Provided: Statement Analysis or Quote		
Receipt Header Message: <u>Willie Stricks Farmhouse Kitchen LLC</u>	Receipt Footer Message: <u>843-599-3196</u>		