

Required Document Checklist

Voided Check
 Copy of Drivers License
 Managing Partner Name: Tricia Wright
 Date Submitted: 9-8-20

Fax to : 901-692-9499

email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Whole Life Nutrition
 Business Legal Name: ''
 Contact Name: T. P. P. Cheairs Contact Phone Number:
 Physical Address: 13775 Hwy 57 City, State, Zip: Moscow TN 38057
 Phone Number: 9016517115 Fax Number:
 Email Address: Tiffnicole0623@gmail Website:
 Billing Address: Same City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: Nov 7, 2020
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Federal Tax ID# 85-3411328 Refund Policy? Yes or (No)
 Partnership Types of Goods Sold: Nutrition Beverages

Ownership Information (Must be 51% or more)

Officer/Owners Name: T. P. P. Cheairs Title: Owner Social Security: 410456942
 Home Address: 6832 Tawny Cove City, State, Zip Code: Mps 38115
 Drivers License#: 095743861 Expiration Date: 6-15-27 State: TN
 DOB: 6-23-84 Home Phone Number:
 % of Business Owned: 100 % Length of Ownership:

Banking Information

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

Name of Bank: BoFC
 ABA Routing #: 084304337
 Account #: 10207023

Estimated Sales Volume	Terminal Questions
Estimated Annual Sales (All sales) <u>\$120K</u>	Batch Out Time: <u>7pm</u>
Estimated Visa/MC/Discover Sales <u>\$</u>	Communication Method: <input checked="" type="checkbox"/> IR-Internet or Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$ 5K</u>	Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input type="checkbox"/> No
Average Ticket <u>\$ 11-</u>	Terminal Type: <u>Simple/cheap</u>
High Ticket <u>\$300-</u>	Pin Pad Type:
First two sections must equal 100% respectively	
Card Swiped: <u>99</u> % Card Keyed In: <u>1</u> % = 100%	Reprogram Terminal: <input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>99</u> % Card Not Present <u>1</u> % = 100%	Equipment Purchase: <input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %	Equipment Rental Program: <input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes: <u>Bank of FC</u>	PIN Debit Pin Pad: <input type="checkbox"/> Yes - <input type="checkbox"/> No
	POS Software Integration: <input type="checkbox"/> Yes - <input type="checkbox"/> No
	Software Name & Version:
	Next Day Funding: <input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
	Tip Edit: <input type="checkbox"/> Yes - <input type="checkbox"/> No

DRIVER LICENSE

Tennessee
THE VOLUNTEER STATE

USA
TN



DL NO. **095743561** DOB **06/23/1984**

EXP **06/15/2027** ISS 06/15/2019

CLASS D END NONE

REST 01

SEX F HGT 5'-00" EYES BRO

DD 9911906150734420

CHEAIRS
TIFFINEY NICOLE
6832 TAWNY CV

MEMPHIS, TN 38115

Tiffiney Cheairs



Serving Our Communities Since 1905

Hi Tricia,

Tiffney Cheairs

DBA Whole Life Nutrition:

ABA 084304337, Account# 10207023 is the correct account information.

Thank you,

Suzanne Scott

Branch Manager

The Bank of Fayette County

14375 Hwy 57 | Moscow, TN 38057

Phone 901.877.1616 | fax 901.877.1854

sscott@bankoffayettecounty.com