

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Fax to : 901-692-9499

email to:
 applications@impactpays.net

Managing Partner Name: Wiccia WrightDate Submitted: 2-2-22

Merchant Application Submission Form

Merchant (Business) DBA Name: Victory Health of New HopeBusiness Legal Name: Victory Health of Oneonta LLCContact Name: Jennifer Slight Contact Phone Number: 205-625-3621Physical Address: 5496 A Main Dr. City, State, Zip: New Hope AL 35760Phone Number: 256-723-3000 Fax Number: 256-723-3005Email Address: _____ Website: Victory.healthcareBilling Address: Same City: _____

State: _____ Zip: _____

Business Type

 Corporation - circle one: Private or Public LLC - circle one: C corp S corp P partner D disregarded entity Sole Prop Other: PartnershipBusiness Start Date: 3-1-22EIN/Federal Tax ID# 85-2735341Refund Policy? Yes of No Types of Goods Sold: Chiropractic care

Ownership Information (Must be 51% or more) *Might need information on all owners*

Officer/Owners Name Matthew Jandrich Title: owner Social Security: _____Home Address: 4121 Hide a Way Dr City, State, Zip Code: Guntersville ALDrivers License#: 8772747 Expiration Date: 6/18/25 State: AL 35976DOB: 3/20/94 Home Phone Number: 2770-363-6849% of Business Owned: 51 % Length of Ownership: _____

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank Citizens Bank + TrustABA Routing # 062206431Account # 2263010

Estimated Sales Volume

Estimated Annual Sales (All sales) \$300K
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$100K
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$9K
 Average Ticket \$35
 High Ticket \$1,000

Terminal Questions

Batch Out Time: 6pm
 Communication Method IP-Internet Dial-phone WIFI
 Do you dial 9 for outside line? Yes - No -
 Terminal Type:
 Pin Pad Type:
 Reprogram Terminal: Yes - No -
 Equipment Purchase: Yes - No
 Equipment Rental Program: Yes - No -
 PIN Debit Pin Pad: Yes - No -
 POS Software Integration: Yes - No -
 Software Name & Version:
 Next Day Funding: Yes - No
 Tip Edit: Yes - No -

First two sections must equal 100% respectively

Card Swiped: 95 % Card Keyed In: 5 % = 100%Card Present: 98 % Card Not Present 2 % = 100%

MOTO: _____ % Internet: _____ %

IBUX or Traditional

Notes:

Traditional
Basic Terminal

Version: 004