

Attached Document Checklist	
Voided Check	✓
Copy of Drivers License	✓

Fax to : 901-692-9499
 email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name:
 Business Legal Name: Upscale Resale
 Contact Name: Delwanda Rhodes Contact Phone Number: 901 476 7103
 Physical Address: 107 E Pleasant Ave City, State, Zip: Covington TN 38019
 Phone Number: Fax Number: 901 476 9548
 Email Address: JEZabels gifts BEA @BellSouth.net Website:
 Billing Address: P.O Box 862 City: Covington
 State: TN Zip: 38019

Business Type
 Corporation
 Limited Liability
 Sole Prop
 Partnership
 Federal Tax ID# 46-4233137
 Business Start Date: JAN 2010
 Business Type: Retail
 % of Business Owned: 100 % Length of Ownership: 9 years
 Other Types of Goods Sold: Retail / Antique
 Refund Policy?

Ownership Information
 Officer/Owners Name: Wayne Rhodes Title: OWNER Social Security: 411 11 6502
 Home Address: P.O Box 862 City, State, Zip Code: Covington, TN 38019
 Drivers License#: 045 730417 Expiration Date: 2-6-25 State: TN
 DOB: 4-7-57 Home Phone Number: 901 517 6738

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank: BANK of Ripley
 City: Covington State: TN Zip: 38019
 ABA Routing #: 084 308003
 Account #: 0133353

Estimated Sales Volume	Terminal Questions
Estimated Annual Sales (All sales) \$240,000	Batch Out Time: 10:00 pm
Estimated Visa/MC/Discover Sales \$	Communication Method:
Estimated Amex Sales \$	Dial IP <u>Internet</u>
Average Ticket \$50.00	Do you dial 9 for outside line? <u>NO</u>
**Highest Ticket \$4,000.00	Terminal Type
% Card Swiped 95 %	Equipment Purchase
% Card Keyed In 5 %	Equipment Replacement Program
% Card Present %	PIN Debit Pin Pad
% Card Not Present %	POS SOFTWARE
% MOTO %	Software Name & Version:
% Internet %	Next Day Funding (Yes or No): <u>NO</u>
% B2B %	Tip Edit (Yes or No): <u>NO</u>
% International Cards %	

Managing Partner
 Managing Partner Name: David Copeland
 Date Submitted:

Internal Use Only

Date Received:	IC +:	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:

UPSCALE RESALE
PO BOX 862
COVINGTON, TN 38019-0862

7611
87-800/843
03

VOID

Pay to the
Order of _____

Date _____

\$ _____

Dollars

CHECK ARMOR
FRAUD PROTECTION

Photo Safe Deposit
Details on back

 **Bank of Tipton**
HOME STYLE SERVICE
COVINGTON, TN 38019 • BRANCH OF BANK OF RIPLEY
www.BankOfTipton.com

For _____

⑆084308003⑆ 0133353⑈ 7611