


Attached Required Document Checklist	Fax to : 901-692-9499	
Voided Check	email to: applications@impactpays.net	
Business Verification Document		
Copy of Drivers License		
Managing Partner Name:		
Date Submitted:		

Merchant Application Submission Form

Merchant (Business) DBA Name: Turnage Grocery

Business Legal Name: Karen Torkell

Contact Name: Karen Torkell Contact Phone Number: 901-476-9362

Physical Address: 14302 Hwy 59 West City, State, Zip: Burlison, TN 38015

Phone Number: 901-476-9362 Fax Number:

Email Address: KTorkell@icloud.com Website:

Billing Address: 14302 Hwy 59 West City: Burlison

State: TN Zip: 38015

Business Type

Corporation - circle one: Private or Public Business Start Date: 6/1/1951

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: EIN/Federal Tax ID# Refund Policy? Yes or No

Partnership Types of Goods Sold:

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

Officer/Owners Name: Karen Torkell Title: Owner Social Security: 415-29-5037

Home Address: 249 Cheyenne Rd City, State, Zip Code: Millington, TN 38053

Drivers License#: 069295916 Expiration Date: State:

DOB: 10/16/71 Home Phone Number: 901-413-4124

% of Business Owned: 100 % Length of Ownership: 7/1/2013

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: First Citizens National Bank

ABA Routing #: 084301042

Account #: 2475871

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$770,000		Batch Out Time:	11:00 pm CST
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$		Communication Method:	IP-internet Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		Do you dial 9 for outside line?	Yes - <u>No</u>
Average Ticket	\$		Terminal Type:	
High Ticket	\$		Pin Pad Type:	Pay 5300
First two sections must equal 100% respectively			Reprogram Terminal:	<u>Yes</u> - No
Card Swiped: % Card Keyed In: % = 100%			Equipment Purchase:	Yes - <u>No</u>
Card Present: % Card Not Present % = 100%			Equipment Rental Program:	Yes - <u>No</u>
MOTO: % Internet: %			PIN Debit Pin Pad:	Yes - No
<u>IBUXX</u> or Traditional			POS Software Integration:	Yes - No
Notes:	Pin Debit and EBT		Software Name & Version:	
			Next Day Funding:	<u>Yes</u> - No
			Tip Edit:	Yes - <u>No</u>