


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>		email to:	
Copy of Drivers License <input type="checkbox"/>		applications@impactpays.net	
Managing Partner Name: <u>Trevi's Smith</u>			
Date Submitted:			

Merchant Application Submission Form

Merchant (Business) DBA Name: Tropical Blends

Business Legal Name: Tropical Blends

Contact Name: Stephanie Graham Contact Phone Number: 931-622-0051

Physical Address: 506 W. main St. City, State, Zip: Waverly, TN 37185

Phone Number: 931-622-9009 Fax Number:

Email Address: steph3755@gmail.com Website:

Billing Address: 506 W. main St. City: Waverly

State: TN Zip: 37185

Business Type

Corporation - circle one: Private or Public Business Start Date: 9/1/20

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

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

Partnership Types of Goods Sold: food + drinks

Ownership Information (Must be 51% or more)

Officer/Owners Name: Stephanie Graham Title: Owner Social Security: 412-11-7682

Home Address: 1794 E Blue Creek Rd City, State, Zip Code: Waverly, TN 37185

Drivers License#: Expiration Date: State: TN

DOB: 10-29-1962 Home Phone Number: 931-622-0051

% of Business Owned: 100 % Length of Ownership: 3 months

Banking Information

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

Name of Bank First Bank

ABA Routing # 084307033

Account # 88277124

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	<u>\$336,000</u>	Batch Out Time:	<u>6:30 am</u>
Estimated Visa/MC/Discover Sales	<u>\$300,00</u>	Communication Method:	<input checked="" type="checkbox"/> IP-Internet or <input type="checkbox"/> Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	<u>\$7.00</u>	Terminal Type:	<u>Claver m'n</u>
High Ticket	<u>\$1200.00</u>	Pin Pad Type:	
First two sections must equal 100% respectively			
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%		Equipment Purchase:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: <u>99</u> % Internet: <u>1</u> %		Equipment Rental Program:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Notes:		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
		POS Software Integration:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No

**STEPHANIE A GRAHAM
KRISTIN N CARTER**
DBA TROPICAL BLENDS
1794 EAST BLUE CREEK RD
WAVERLY, TN 37185

3280

87-703/843

171

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of

VOID

Date

\$

Dollars



Photo
Safe
Deposit
Details on back



FirstBank

www.FirstBankOnline.com

For

⑆084307033⑆ 88277124⑆

3280

MP

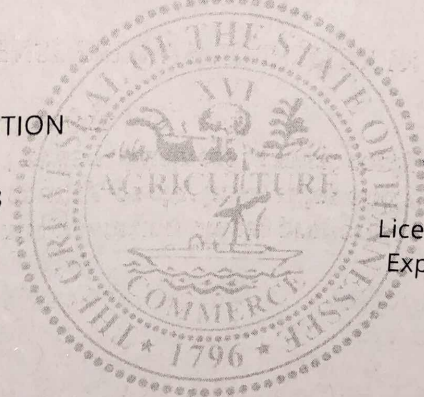
REGAL®

Harland Clarke

City of Waverly Business Tax Standard License

This certificate must be publicly displayed.

TROPICAL BLENDS NUTRITION
605 W MAIN ST
WAVERLY TN 37185-1408



Date Issued: 06-Aug-2020
Classification: 1A
Letter ID: L0741392512
License Number: 1001311675
Expiration Date: 15-May-2021

DRIVER LICENSE



Stephanie



Stephanie
M. A. S.

Tennessee
THE VOLUNTEER STATE
USA
TN

DL NO **155453136** DOB **10/29/1962**

EXP **10/13/2025** ISS **10/13/2017**

CLASS **D** END **NONE**

REST **NONE**

SEX **F** HGT **5'-05"** EYES **BLU**

DD **9911710131132397**

GRAHAM

STEPHANIE ANN

1794 E BLUE CREEK RD

WAVERLY, TN 37185

