

Attached Required Document Checklist

Voided Check	<input type="checkbox"/>
Business Verification Document	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

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



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Tolers Garage

Business Legal Name: Tolers Garage

Contact Name: Chris Toler Contact Phone Number: 931-622-0602

Physical Address: 327B Frey St City, State, Zip: Ashland City TN 37015

Phone Number: _____ Fax Number: _____

Email Address: TolersGarage@gmail.com Website: _____

Billing Address: 327B Frey St Ashland City City: _____

State: TN Zip: 37015

Business Type

Corporation - circle one: Private or Public Business Start Date: November 1st 2022

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None

Sole Prop Other: _____ Partnership _____

EIN/Federal Tax ID# 92-0360844 Print Refund Policy on Footer: Yes No (if yes input message in notes)

Types of Goods Sold: Mechanic

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Chris Toler Title: OWNER Social Security: 408-53-6019

Home Address: 1231 Greenbriar Rd City, State, Zip Code: Ashland city TN 37015

Drivers License#: 071277763 Expiration Date: 1-28-30 State: TN

DOB: 12-25-1972 Home Phone Number: 615-792-9139

% of Business Owned: 100 % Length of Ownership: NEW

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank <u>Pinnacle BANK</u>	Batch Out Time: <u>6:00 pm</u>
ABA Routing # <u>064008637</u>	Communication Method: <u>IP-Internet</u> or Dial-phone
Account # <u>800108216631</u>	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type: <u>Ucolor</u>
Estimated Annual Sales (All sales) <u>\$200,000</u>	Reprogram Terminal: Yes <u>No</u>
Estimated Visa/MC/Discover Sales <u>\$15,000</u>	Equipment Purchase: Yes <u>No</u>
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$1,500</u>	Equipment Rental Program: Yes <u>No</u>
Average Ticket <u>\$200.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$5600.00</u>	Tip Edit: Yes <u>No</u>

First two sections must equal 100% respectively

EFT: Yes No FNS Number: _____

Card Swiped: 95 % Card Keyed In: 5 % = 100%

Card Present: 95 % Card Not Present 5 % = 100%

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %

Traditional IBMX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Notes: Simple Buxx
Dual Pricing

Software Name & Version: _____

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Tolers Garage

Receipt Footer Message: Thank you Have a nice day