

Fluor Road

Attached Required Document Checklist
 Voided Check
 Copy of Drivers License

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

IMPACT PAYMENT PARTNERS

Managing Partner Name: Kusti Sease
 Date Submitted: 5-3-22

Merchant Application Submission Form

Merchant (Business) DBA Name: JA BevCo Packaging
 Business Legal Name: JA BevCo Packaging Contact Phone Number:
 Contact Name: JA BevCo Packaging City, State, Zip: Enharat SC 29081
 Physical Address: 13 New Market St City, State, Zip: Enharat SC 29081
 Phone Number: 803-508-0867 Fax Number: gmail.com
 Email Address: * jabevco packaging@gmail.com Website:
 Billing Address: PO BOX City: Enharat
 State: SC Zip: 29081

Business Type
 Corporation - circle one: (Private) or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other:
 Partnership

Business Start Date: April 2021
 Federal Tax ID# 85-2040730 Refund Policy: Yes or No 10 days
 Types of Goods Sold: Liquor

Ownership Information (Must be 51% or more)
 Officer/Owners Name: Attached Title: owner Social Security: Attached
 Home Address: papek City, State, Zip Code:
 Drivers License#: Expiration Date: State:
 DOB: Home Phone Number:
 % of Business Owned: 50 % Length of Ownership: 2021

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank: Enterprise Bank of SC
 ABA Routing #: 053202871
 Account #: 151120607 Attached

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	<u>yearly \$100K</u>	Batch Out Time:	<u>7:00 pm</u>
Estimated Visa/MC/Discover Sales	<u>yearly \$70K</u>	Communication Method:	<u>IP-Internet or Dial-phone</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$6000-</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	<u>\$25-</u>	Terminal Type:	<u>19.95 No sales tax</u>
High Ticket	<u>\$500-</u>	Pin Pad Type:	<u>-</u>
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Swiped: <u>20</u> % Card Keyed In: <u>80</u> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Present: <u>80</u> % Card Not Present <u>20</u> % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Notes: <u>IBuxx Ethernet</u>		POS Software Integration:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
<u>19.95</u>		Software Name & Version:	<u>-</u>
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No

Version: 003

missed call
thanks for all the support &
Prayers!

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May 15th deliv