

**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: Homer Skelton Hyundai, LLC

Business Legal Name: Homer Skelton Hyundai

Contact Name: Rodney McBurnie Contact Phone Number: 662 890 8817

Physical Address: 8145 New Craft Rd City, State, Zip: OLIVE BRANCH, MS

Phone Number: 662 890 0100 Fax Number: 662 890 0400

Email Address: Rodney@homer-skelton-hyundai.com Website: www.HomerSkeltonHyundai.com

Billing Address: PO Box 920 City: OLIVE BRANCH

State: MS Zip: 38654

**Business Type**

Corporation  
 Limited Liability  
 Sole Prop  
 Partnership

Federal Tax ID# \_\_\_\_\_

Business Start Date: Sept 2006  
 Business Type: Auto Sales/Service  
 % of Business Owned: 100 % Length of Ownership: 13yr  
 Other Types of Goods Sold: Automobiles  
 Refund Policy? \_\_\_\_\_

**Ownership Information**

Officer/Owners Name: HOMER SKELTON Title: \_\_\_\_\_ Social Security: 51-6603307

Home Address: 4636 Springspace Cove E City, State, Zip Code: OLIVE BRANCH, MS

Drivers License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: 38654

DOB: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**Banking Information**

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

Name of Bank: Bancorp South

City: OLIVE BRANCH State: MS Zip: 38654

ABA Routing #: 084201278

Account #: 60695780

**Estimated Sales Volume**

Estimated Annual Sales (All sales)	\$
Estimated Visa/MC/Discover Sales	\$
Estimated Amex Sales	\$
Average Ticket	\$
**Highest Ticket	\$
% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

**Terminal Questions**

Batch Out Time: 8pm

Communication Method:  
 Dial  IP-Internet

Do you dial 9 for outside line? \_\_\_\_\_

Terminal Type: PICS

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name & Version: \_\_\_\_\_

Next Day Funding (Yes or No): \_\_\_\_\_

Tip Edit (Yes or No): \_\_\_\_\_

**Managing Partner**

Managing Partner Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Internal Use Only**

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



8145 New Craft Road  
Olive Branch, MS 38654  
(662) 890-0100  
Fax: (662) 890-0400

BankCorpSouth-Checks  
8966 EAST GOODMAN RD  
OLIVE BRANCH, MS 38654  
85-127/842

*Pay Four Hundred Fifteen Dollars and Ninety-Five Cents*

TO THE ORDER OF  
**VINCENT, CHRIS**

*[Signature]*

DATE	CHECK
7/01/2019	632242

AMOUNT  
**\$ 415.95**

VOID AFTER 180 DAYS

⑆000063242⑆ ⑆084201278⑆ 6069 578 0⑆