


<b>Attached Required Document Checklist</b>		<b>email to:</b> <b>anna@vaultedsecurity.com</b>	
Voided Check <input checked="" type="checkbox"/>			
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			
<b>Managing Partner Name:</b> Troy Esprit <b>Date Submitted:</b> 8/23/23			

**Merchant Application Submission Form**

**Merchant (Business) DBA Name:** LANDLORD ' S DAIQUIRI DEN

**Business Legal Name:**

**Contact Name:** JERMIRE ROBERTS      **Contact Phone Number:** 495-53-2781

**Physical Address:** 1645 JEFFERSON DR SUITE 180, City, State, Zip: PORT ARTHUR, TX 77642

**Phone Number:** 409-543-4653      **Fax Number:**

**Email Address:** JROBERTS2207@YAHOO.COM      **Website:**

**Billing Address:**      **City:**

**State:**      **Zip:**

**Business Type**

<input type="radio"/> Corporation - circle one: Private or Public <input checked="" type="radio"/> LLC - circle one: <input type="radio"/> C corp <input checked="" type="radio"/> S corp <input type="radio"/> P partner <input type="radio"/> D disregarded entity <input type="radio"/> Sole Prop <input type="radio"/> Other: <input type="radio"/> Partnership	<b>Business Start Date:</b> 09-01-2021  <b>EIN/Federal Tax ID#</b> 86-3353329 <b>Refund Policy?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Types of Goods Sold:</b> FOOD/BEVERAGE
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**Ownership Information (25% or more) \*Might need information on all owners\***

<b>Officer/Owners Name:</b> JERMIRE ROBERTS	<b>Title:</b> OWNER	<b>Social Security:</b> 465-65-5742
<b>Home Address:</b> 5955 EVELYN AVE	<b>City, State, Zip Code:</b> 77640	
<b>Drivers License#:</b> 15025421. ISS. 10-15-2020	<b>Expiration Date:</b> 10-22-2028	<b>State:</b> TX
<b>DOB:</b> 10-22-1979	<b>Home Phone Number:</b> 409-543-4635	
<b>% of Business Owned:</b> 64 %	<b>Length of Ownership:</b> 2 YRS	

**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:** PNC

**ABA Routing #**

**Account #:** 495753781

Estimated Sales Volume	Terminal Questions
<b>Estimated Annual Sales (All sales)</b> \$600,000	<b>Batch Out Time:</b>
<b>Estimated Annual Visa/MC/Discover/ AMEX Sales</b> \$	<b>Communication Method:</b> <input checked="" type="radio"/> IP-internet <input type="radio"/> Dial-phone <input type="radio"/> WIFI
<b>Estimated Monthly Visa/MC/Discover/ AMEX Sales</b> \$35,000	<b>Terminal Type:</b> Clover terminals
<b>Average Ticket</b> \$17	<b>Pin Pad Type:</b>
<b>High Ticket</b> \$2,000	<b>Reprogram Terminal:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>First two sections must equal 100% respectively</b>	<b>Equipment Purchase:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Card Swiped:</b> % <b>Card Keyed In:</b> % = 100%	<b>PIN Debit Pin Pad:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Card Present:</b> 90 % <b>Card Not Present</b> 10 % = 100%	<b>POS Software Integration:</b> <input type="radio"/> Yes <input type="radio"/> No
<b>MOTO:</b> % <b>Internet:</b> %	<b>Software Name &amp; Version:</b>
<input checked="" type="radio"/> Cash Discount or <input type="radio"/> Traditional	<b>Next Day Funding:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b>	<b>Tip Adjust:</b> <input type="radio"/> Yes <input type="radio"/> No
Please set at 3.84% flat rate-using Dual pricing app	



Additional Owner Information:

Officer/Owners Name:	Title:	Social Security:
Home Address:	City, State, Zip Code:	
Drivers License#:	Expiration Date:	State:
DOB:	Home Phone Number:	
% of Business Owned: _____%	Length of Ownership:	

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Officer/Owners Name:	Title:	Social Security:
Home Address:	City, State, Zip Code:	
Drivers License#:	Expiration Date:	State:
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% of Business Owned: _____%	Length of Ownership:	