Attached Required Document Checklist Date	Fax to : 901	692-9499	
Voided Check Business Verification Document Copy of Drivers License		email to: ons@impactpays.net	Version: 005
		Submission Form	A STATE OF THE STA
Merchant (Business) DBA Name: Tolers GArage  Business Legal Name: Tolers GArage			
I Comband Name: (11 )			
Physical Address: 3278 Frey St City, State, Zip: ASKIANE C:+4 37015 TN			
Phone Number: Fax Number:			
Email Address: Tolors Garase & Gmail. Com Website:			
Billing Address: 3278 Frey 54 Ashland & City:			
State: TN Zip: 37015			
Business Type			
Corporation - circle one: Private or Public		Business Start Date: 人	Jovemba 15+ 2022
LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None			
Sole Prop Other: EIN/Federa	al Tax ID# 9		Print Refund Policy on Footer: Yes No
	oods Sold: Ma		(If yes input message in notes)
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form			
Officer/Owners Name: Chris Tolor Title: OWNEY Social Security: 408-53-6019			
Home Address: 1231 Green brier Rd City, State, Zip Code: Ashland City TN 37015			
Drivers License#: 071277763 Expiration Date: 1-28-30 State:			
DOB: 12-25 - 1972 Home Phone Number: 6/5 - 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 Piwnical BANK	Batch Out Time: 6,00 pm		
ABA Routing # 564008637	Communication Method: (IP-internet) or Dial-phone		
Account# 800108216631		Do you dial 9 for outside line? Yes No	
Estimated Sales Volume	Terminal Type: Uc/c/		
Estimated Annual Sales (All sales)	20000	Reprogram Terminal:	Yes (No
Estimated Visa/MC/Discover Sales	\$15,000	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$15.500	Equipment Rental Progr	am: Yes No
Average Ticket	\$ 200.00	Next Day Funding:	(Yes) No
High Ticket	\$5600	Tip Edit:	Yes No
First two sections must equal 100% respectively		EBT: Yes No FNS Number:	
Card Swiped: 95 % Card Keyed In: 5 % =100%		Tax Calculation: Yes No If so tax rate:%	
Card Present: 5.5 % Card Not Present 5 % =100%		Software or POS Integration Questions Only	
MOTO: % Internet: %		POS Software Integration: Yes No	
Traditional IBUXX SimpleBuxx PrimeBuxx		Software Name & Version:	
Notes:		MP/AP Name:	
		RP Name:	
	*	Pricing Provided: State	ment Analysis or Quote
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