

Attached Document Checklist	
Voided Check	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

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



Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: Joel's Body Shop Plus Automotive Rental + Sales LLC

Contact Name: Lisa Perkins **Contact Phone Number:** 615 441-4156

Physical Address: 120 Circle W Dr **City, State, Zip:** Dickson TN

Phone Number: 615 441-6156 **Fax Number:** 615 441-4987 37055

Email Address: joelsbodyshop@att.net **Website:** _____

Billing Address: Same **City:** _____

State: _____ **Zip:** _____

Business Type	
<input type="checkbox"/> Corporation	Business Start Date: <u>June 1996</u>
<input checked="" type="checkbox"/> Limited Liability	Business Type: <u>Collision repair</u>
<input type="checkbox"/> Sole Prop	% of Business Owned: <u>100</u> % Length of Ownership: _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Types of Goods Sold: _____
Federal Tax ID# <u>27-235305</u>	Refund Policy? _____

Ownership Information

Officer/Owners Name: Joel Perkins **Title:** owner **Social Security:** 409 41 2450

Home Address: 1127 Ridgecrest Dr **City, State, Zip Code:** Dickson TN 37055

Drivers License#: 61754634 **Expiration Date:** 5-1-24 **State:** TN

DOB: 5-1-68 **Home Phone Number:** 615 943-5912

Banking Information

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

Name of Bank: Bank of Dickson

City: Dickson **State:** TN **Zip:** 37055

ABA Routing #: 064108236

Account #: 42909028

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>150,000</u>	Batch Out Time:	<u>7:00</u>
Estimated Visa/MC/Discover Sales	\$ _____	Communication Method:	
Estimated Amex Sales	\$ _____	Dial <input type="checkbox"/> IP-Internet <input type="checkbox"/>	
Average Ticket	\$ <u>1,000.00</u>	Do you dial 9 for outside line?	_____
**Highest Ticket	\$ <u>5,000.00</u>	Terminal Type	
% Card Swiped	<u>95</u> %	Equipment Purchase	<input type="checkbox"/>
% Card Keyed In	<u>5</u> %	Equipment Replacement Program	<input type="checkbox"/>
% Card Present	<u>100</u> %	PIN Debit Pin Pad	<input type="checkbox"/>
% Card Not Present	_____ %	POS SOFTWARE	<input type="checkbox"/>
% MOTO	_____ %	Software Name & Version:	_____
% Internet	_____ %	Next Day Funding (Yes or No):	_____
% B2B	_____ %	Tip Edit (Yes or No):	_____
% International Cards	_____ %		

Managing Partner

Managing Partner Name: Mark Chappell

Date Submitted: 07.23.2019

Internal Use Only

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

56068

Joel's Body Shop, LLC
120 Circle U Dr
Dickson, TN 37055
615-441-6156

BANK OF DICKSON
DICKSON, TENNESSEE
87-823/641



PAY TO THE
ORDER OF

VOID -

\$

DOLLARS

Security Features. Details on back.

MEMO



VOID -
AUTHORIZED SIGNATURE

⑈056068⑈ ⑆064108236⑆ 42 90 902 8⑈

Joel's Body Shop, LLC

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