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|---|------------|-----------------------------|----------------------|---|--------------|
| Attached Required Document Checklist | | Date | Fax to: 901-692-9499 |  | Version: 005 |
| Voided Check <input checked="" type="checkbox"/> | Submitted: | email to: | | | |
| Business Verification Document <input type="checkbox"/> | | applications@impactpays.net | | | |
| Copy of Drivers License <input type="checkbox"/> | | | | | |

Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: CHARLOTTE FRESH DELI DONUTS

Contact Name: KAETLY Contact Phone Number: _____

Physical Address: 3411 HWY 48 N City, State, Zip: CHARLOTTE TN 37036

Phone Number: 615-594-1117 Fax Number: _____

Email Address: kaetlyt@yahoo.com Website: _____

Billing Address: 137 IRON GATE LANE City: DICKSON

State: TN Zip: 37055

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____ Partnership _____

EIN/Federal Tax ID# 1001219054-BUS

Types of Goods Sold: DONUTS

Business Start Date: 11/01/22

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: KAETLY THING Title: OWNER Social Security: 646-01-0327

Home Address: 137 IRON GATE LANE City, State, Zip Code: DICKSON TN 37055

Drivers License#: 121448106 Expiration Date: 06/05/25 State: TN

DOB: 07/12/67 Home Phone Number: 615-720-8525

% of Business Owned: 100 % Length of Ownership: New Business

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: FIRST BANK Batch Out Time: _____

ABA Routing #: 084307033 Communication Method: IP-internet or Dial-phone

Account #: 88944137 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

| | | | |
|---|------------------|---------------------------|---------------|
| Estimated Annual Sales (All sales) | <u>\$350,000</u> | Reprogram Terminal: | Yes <u>No</u> |
| Estimated Visa/MC/Discover Sales | <u>\$20,000</u> | Equipment Purchase: | Yes <u>No</u> |
| Estimated Monthly Visa/MC/Discover/AMEX Sales | <u>\$23,000</u> | Equipment Rental Program: | <u>Yes</u> No |
| Average Ticket | <u>\$21.00</u> | Next Day Funding: | <u>Yes</u> No |
| High Ticket | <u>\$2,000</u> | Tip Edit: | <u>Yes</u> No |

First two sections must equal 100% respectively

Card Swiped: 95 % Card Keyed In: 5 % = 100%

Card Present: 95 % Card Not Present 5 % = 100%

MOTO: _____ % Internet: _____ %

Traditional IBUXX SimpleBuxx PrimeBuxx

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: _____

Notes: Velor with tip Edit

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Charlotte Fresh Deli Donuts and address

Receipt Footer Message: Thank you very much