Attached Required Document Checklist		Date Fax t		to : 901-692-9499			Version:007.16
Voided Check	Submitted:			email to:			APACT
Business Verification Document Copy of Drivers License	<u> </u>	applications@impactpays.net					
Merchant Application Submission Form							
Merchant (Business) DBA Name: The DNA Company							
Business Legal Name:	тwнос	D.COM, Inc	;		Website: www.thednacompany.com		
Contact Name:	Tracy Wood			Contact Phone N	e Number: (714) 306-6176		
Physical Address:	650 East	Parkridge,	Suite 109	City, State, Zip:		Corona, CA, 92879	
Email Address:	tracy.wood@thednacompany.com					Phone #: 1-714-306-6176	
Billing Address:	650 East Parkridge, Suite 109			City, State, Zip:		Corona, CA, 92879	
Biz Phone #:	1-866-821-1010 Biz Fax #:		1-714-306-6176		EIN/Tax ID #: 853432889		
	Business Type						
Corporation - Pick One:	Private	🔻 Тур	e: C-Corp 🔽	Bus Open Date:			
Refund Policy:			Print Policy:		(If yes input	refund message)	
Types of Goods Sold:							
DNA 360 Tests	0 Tests						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form							
Officer/Owners Name:	Tracy Wood			Title:CEO	9	Social Security:	556-396937
Home Address:	1311 Corona Ave			City, State, Zip Code: N		Norco,CA, 928	360
Drivers License#:			Exp Date:			State Issued:	
DOB:	Aug 10,1	966	Home Phone#:	714-306-6	714-306-6176		
% of Business Owned:	¹⁰⁰ % Length of Ownership:						
Banking Information ** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)			
Name of Bank	Bank of America			Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #				Communication Method: IP-Internet (Wired)			
Account # 325137457230				Do you dial 9 for outside line? No 🔍			
Estimated Sales Volume				Terminal Type: E commerce			
Estimated Annual Sales (All sales) \$ ^{7M}				Reprogram Terminal: No		No	•
Estimated Visa/MC/Discover Sales \$5M				Equipment Purchase: No			
Estimated Monthly Visa/MC/Discover/AMEX Sales \$500k				Equip. Rental Program: No		No	•
Average Ticket \$				Next Day Funding:		Yes 🖸	
High Ticket \$				Tip Edit:		No 오	
First two sections must equal 100% respectively				EBT:		FNS Number:	
Card Swiped: 0 % Card Keyed In: 100 % = 100% 0				Tax Calculation:			If so tax rate:
Card Present: 0 % Card Not Present 100 % =100% 0				Softw	are or POS	Integration Qu	uestions Only
MOTO: ¹⁰ % Internet: ⁹⁰ %				POS Software Integration:			
Program Type: PrimeBuxx				Software Name & Version:		Shopify USA or Authorize.Net	
Notes:				MP/AP Name:		Travis Smith	
				RP Name:			
		Pricing Provided:					
Receipt Header Message:							
Receipt Footer Message:							