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| Attached Required Document Checklist | | Fax to : 901-692-9499 |  |
| Voided Check <input checked="" type="checkbox"/> | | email to: applications@impactpays.net | |
| Copy of Drivers License <input checked="" type="checkbox"/> | | | |
| Managing Partner Name: Jason + Lisa | | | |
| Date Submitted: 9-3-20 | | | |

Merchant Application Submission Form

Merchant (Business) DBA Name: **Mountain View Music**

Business Legal Name: **Mountain View Music**

Contact Name: **Cheryl Pool** Contact Phone Number: **870-269-9044**

Physical Address: **123 West Washington** City, State, Zip: **Mtn. View, AR 72560**

Phone Number: **870-269-9044** Fax Number:

Email Address: **mountainviewmusic@gmail.com** Website: **mountainviewmusic.com**

Billing Address: **PO Box 929** City:

State: **Mtn. View, AR** Zip: **72560**

Business Type

Corporation - circle one: Private or Public Business Start Date: **2006 3-14-06**

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

Sole Prop Other: Federal Tax ID# **20-4544355** Refund Policy? Yes or **NO**

Partnership Types of Goods Sold: **music lessons, guitar builds, repair**

Ownership Information (Must be 51% or more)

Officer/Owners Name: **Cheryl Pool** Title: **owner** Social Security: **267-69-2512**

Home Address: **308 West Washington** City, State, Zip Code: **Mtn View, AR 72560**

Drivers License#: **905056624** Expiration Date: **2-4-25** State: **AR**

DOB: **2-4-1963** Home Phone Number:

% of Business Owned: **100** % Length of Ownership: **14 years**

Banking Information

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

Name of Bank: **First Security Bank**

ABA Routing #: **082901538**

Account #: **20068 502 6**

Estimated Sales Volume

Estimated Annual Sales (All sales) **\$150,000**

Estimated Visa/MC/Discover Sales **\$100,000**

Estimated Monthly Visa/MC/Discover/ AMEX Sales **\$10,000**

Average Ticket **\$20.00**

High Ticket **\$2,500**

First two sections must equal 100% respectively

Terminal Questions

Batch Out Time: **7:00pm**

Communication Method: internet or Dial-phone

Do you dial 9 for outside line? Yes - No

Terminal Type:

Pin Pad Type:

Reprogram Terminal: Yes - No

Equipment Purchase: Yes - No

Equipment Rental Program: Yes - No

PIN Debit Pin Pad: Yes - No

POS Software Integration: Yes - No

Software Name & Version:

Next Day Funding: Yes - No

Tip Edit: Yes - No

Card Swiped: **98%** % Card Keyed In: **2%** % = 100%

Card Present: **98%** % Card Not Present **2%** % = 100%

MOTO: % Internet: %

Notes:

Rent Verifone VX520

MOUNTAIN VIEW MUSIC
P O BOX 929 PH. 870-269-9044
MOUNTAIN VIEW, AR 72560

5615

81-153/829

PAY to the
order of

Date

 CHECK ARMOR
YOUR PROTECTION

\$

Dollars



Photo
Safe
Deposit®
Details on back


FirstSecurity
Bank

For

⑆08 290 1538⑆ 5615 20068 502 6

copy ID 20-4544355

State of Kansas

SALES AND USE TAX PERMIT

MOUNTAIN VIEW MUSIC & GIFTS INC
123 WEST WASHINGTON
MOUNTAIN VIEW AR 72560

DATE ISSUED: 06/20/2006

PERMIT NUMBER: 296655-69-001

DLN: 2980 04 2006 05150 16

OWNER1: ROBERT S POOL
OWNER2: CHERYL L POOL
OWNER3:
OWNER4:

DATE OPENED: 03/14/2006

12-54

NAICS: 45122
Prerecorded Tape, Compact Disc, and Record Stores

THIS BUSINESS IS EXEMPT FROM SALES TAX ONLY FOR THE PURCHASES OF GOODS TO BE RESOLD IN THE NORMAL COURSE OF BUSINESS.

THIS PERMIT IS VALID UNTIL IT IS CANCELED AND SURRENDERED BY THE PERMIT HOLDER OR REVOKED BY THE COMMISSIONER OF REVENUES.

THIS PERMIT MUST BE SURRENDERED IF BUSINESS IS SOLD, DISCONTINUED OR LOCATION CHANGED.

WHEN THIS PERMIT IS SURRENDERED FOR ANY OF THE ABOVE REASONS, YOU MUST REPORT AND PAY ANY SALES OR USE TAX PLUS ANY PENALTIES OR INTEREST THAT IS OWED BY THIS BUSINESS. FAILURE TO PAY THESE TAXES WILL RESULT IN A LIEN BEING PLACED AGAINST THE STOCK AND FIXTURES OF THIS BUSINESS AND IS ENFORCEABLE AGAINST PURCHASERS AND THIRD PARTIES.

*** PERMIT MUST BE DISPLAYED IN A PROMINENT PLACE IN YOUR BUSINESS ***

ARKANSAS DRIVER'S LICENSE HOLDER



4a DL# 906056624

1 POOL
2 CHERYL LYNN

8 308 W WASHINGTON
MOUNTAIN VIEW, AR 72568-0119

4a ISS 08/14/2020

4b EXP 02/04/2026

15 SEX F
16 HGT 57-08"

18 EYES BLU

9a END NONE
42 RESTR NONE



Cheryl Lynn Pool

5 DD 822104576 690

DUPLICATE

DONOR