


Attached Required Document Checklist		Date Submitted: <u>6/29/23</u>	Fax to: 901-692-9499		Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: applications@impactpays.net			
Copy of Drivers License <input checked="" type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name: Locke Storage

Business Legal Name: Locke Station Companies LLC

Contact Name: Betty Britt Contact Phone Number: 662-609-8003

Physical Address: 439 Hwy 51 N City, State, Zip: Batesville, MS 38606

Phone Number: 662-487-5625 Fax Number:

Email Address: Leonard.H.Locke.JR@gmail.com Website:

Billing Address: Same City:

State: Zip:

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# 83-4165318

Types of Goods Sold: Storage & Supplies

Business Start Date: August 2019

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: leonard locke JR Title: Owner Social Security: 427-31-0188

Home Address: City, State, Zip Code:

Drivers License#: see DL Expiration Date: State:

DOB: Home Phone Number:

% of Business Owned: 90 % Length of Ownership: Since August 2019

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
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Name of Bank	Batch Out Time:
ABA Routing # <u>see check</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes <u>No</u>

Estimated Sales Volume		Terminal Type:	
Estimated Annual Sales (All sales)	<u>\$72,000.00</u>	Reprogram Terminal:	Yes No
Estimated Visa/MC/Discover Sales	<u>\$24,000.00</u>	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$2,000.00</u>	Equipment Rental Program:	Yes No
Average Ticket	<u>\$ 100.00</u>	Next Day Funding:	<u>Yes</u> No
High Ticket	<u>\$ 500.00</u>	Tip Edit:	Yes No

First two sections must equal 100% respectively

Card Swiped: 90 % Card Keyed In: 10 % = 100%

Card Present: 90 % Card Not Present 10 % = 100%

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Notes: recurring Billing / Swipe Simple

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: