Attached Required Document Checklist Date	T dir to T b o 1	92-9499					
Voided Check  Submitt Business Verification Document		email to:		Т			
Copy of Drivers License	application	ns@impactpays.net	PAYMENT PARTNER	Version: 005			
Me	erchant Application S	Submission Form					
Merchant (Business) DBA Name: Higby Barrett LLC							
Business Legal Name: Higby Barrett LLC							
Contact Name: Riley Higby	Contact Phone	e Number: 901.4	422.2320				
Physical Address: 1254 Fleets Harbor Dr. City, State, Zip: Memphis, TN 38103							
Phone Number: 901.422.2320	Fax Number:	N/A					
Email Address: accounting@higbybarrett.com Website: www.higbybarrett.com							
Billing Address: 1254 Fleets Harbor Dr.			City: Memphi	S			
State: Tennessee Zip:	38103						
	Business T						
Corporation - circle one: Private or Public		Business Start Date:	5/18/2020				
LLC - circle one: C corp S corp P partner D dis	sregarded entity	Refund Policy: 30 days	-				
Sole Prop Other: EIN/Fed	deral Tax ID# 85-	1093810	Print Refund Policy on Yes No	Footer:			
		conomic Research	(If yes input message in	-			
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form 2 Owners, See							
Officer/Owners Name: Alan Barrett	Title: Dir. Re	search Social Security:	410-33-0295	Attached Form			
Home Address: 1350 Island PL E		City, State, Zip Code:	Memphis, TN 38	103			
Drivers License#: 059078313	Expiration Dat	te: 12/14/2024	State: Tenness	see			
DOB: 11/18/1966	Home Phone I	Number: 901.412.6	025				
% of Business Owned: <u>50</u> %	Length of Own	nership: 2 Years					
Banking Information <b>**</b> No starter checks or deposit	t slips accepted**		estions (Circle your	answer)			
Name of Bank Bank Tennessee		Batch Out Time: 7:3	30 pm				
ABA Routing # 284073785	Communication Method: IP-internet or Dial-phone						
				Do you dial 9 for outside line? Yes No			
Estimated Sales Volume	Terminal Type: Virtu	a					
Estimated Annual Sales (All sales)	\$ 250,000	Reprogram Terminal:	Yes	Νο			
Estimated Visa/MC/Discover Sales	\$ 12,000	Equipment Purchase:	Yes	Νο			
Estimated Monthly Visa/MC/Discover/ AMEX Sales	Equipment Rental Prog	ram: Yes	Νο				
Average Ticket	\$ \$3,000	Next Day Funding:	Yes	Νο			
High Ticket		Tip Edit:	Yes	No			
First two sections must equal 100% respectively       EBT: Yes       No       FNS Number:         Card Swiped:       % Card Keyed In: 100 % = 100%       Tax Calculation: Yes       No       If so tax rate: %							
	Tax Calculation: Yes	No If so tax r					
Card Present: % Card Not Present 100 % =100%			OS Integration Que				
MOTO:100% phone% Internet: %		POS Software Integration	N1/A	Νο			
Notes:		MP/AP Name:					
	RP Name:						
		Pricing Provided: State	ement Analysis or	Quote			
Receipt Header Message: For questions contact us at accounting@higbybarrett.com							
Receipt Footer Message: Thank you for cho	osing Higby Barr	rett					

Attached Required Document Checklist	Date F	Fax to : 901-692-9499				
Voided Check 🔽 Submitted: Business Verification Document 🔽			email to:			
Business Verification Document 🛛 🔽 Copy of Drivers License 🔼		applicatio	ns@impactpays.net	PAYMENT PARTN	version: 005	
	Mercha	ant Application S	Submission Form			
Merchant (Business) DBA Name: Higby Barrett LLC						
Business Legal Name: Higby Barre	ett LLC					
Contact Name: Riley Higby		Contact Phone	Number: 901.4	422.2320		
Physical Address: 1254 Fleets Harbor Dr. City, State, Zip: Memphis, TN 38103						
Phone Number: 901.422.2320		Fax Number:	N/A			
Email Address: accounting@higbybarrett.com Website: www.higbybarrett.com						
Billing Address: 1254 Fleets Harbor Dr. City: Memphis					is	
State: Tennessee	Zip: 381	03				
		Business 1	уре			
Corporation - circle one: Private or Pu	blic		Business Start Date:	5/18/2020		
LLC - circle one: C corp S corp P part	<mark>ner</mark> D disreg	arded entity	Refund Policy: 30 days	60 days Other	None	
Sole Prop Other:	EIN/Federal	Tax ID# 85-	1093810	Print Refund Policy on Yes <b>No</b>	Footer:	
Partnership	Types of Goo	ods Sold: E	conomic Research	(If yes input message	in notes)	
Ownership Information	(Must be 519	% <mark>or mor</mark> e) if m	ultiple owners fill out addi	tional ownership fo		
Officer/Owners Name: Riley Higby		Title: Dir. Re	venue Social Security:	519-11-9425	Attached Form	
Home Address: 1254 Fleets Harbor D	)r.		City, State, Zip Code:	Memphis, TN 38	103	
Drivers License#: 119138787		<b>Expiration</b> Da	te: 01/08/2027	State: Tennes	see	
<b>DOB:</b> 01/13/1984		Home Phone	Number: 901.422.2	2320		
% of Business Owned: <u>50</u> %		Length of Ow	nership: 2 Years			
Banking Information ** No starter checks o	or deposit slips	s accepted**	Terminal Qu	estions (Circle your	answer)	
Name of Bank Bank Tennessee			Batch Out Time: 7:3	30 pm		
ABA Routing # 284073785			Communication Method:	IP-internet or I	Dial-phone	
Account # 6333348000			Do you dial 9 for outside line? Yes No			
Estimated Sales Volume Terminal Type: Virtual						
Estimated Annual Sales (All sales)		\$ 250,000	Reprogram Terminal:	Yes	No	
Estimated Visa/MC/Discover Sales		\$ 12,000	Equipment Purchase:	Yes	Νο	
Estimated Monthly Visa/MC/Discover/ AM	IEX Sales	\$ \$1,000	Equipment Rental Prog	ram: Yes	Νο	
Average Ticket		\$ \$3,000	Next Day Funding:	Yes	Νο	
High Ticket		\$ \$5,000	Tip Edit:	Yes	Νο	
First two sections must equal 10	0% respective	ely	EBT: Yes <mark>No</mark> FNS	Number:		
Card Swiped: % Card Keyed In: 100 % = 100%			Tax Calculation: Yes	No If so tax	rate:%	
Card Present: % Card Not Present <sup>100</sup> % =100%		Software or P	OS Integration Que	estions Only		
MOTO:100% phone% Internet:	%		POS Software Integration		No	
Traditional IBUXX Simple	Buxx Pri	meBuxx	Software Name & Vers	ion: N/A		
Notes:			MP/AP Name:			
			RP Name:			
			Pricing Provided: State	ement Analysis o	r Quote	
Receipt Header Message: For question	ons contact	us at accour	nting@higbybarrett.cc	•		
		ng Higby Bari				
		5 5 7 2 5 1				