

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:

Fax to : 901-692-9499

email to:
 applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Broken Rose & Co.
 Business Legal Name: Broken Rose & Co.
 Contact Name: Alice Hawkins Contact Phone Number: 731-610-0790
 Physical Address: 276 Pharr Ave City, State, Zip: Selmer TN 38375
 Phone Number: 731-610-0790 Fax Number: -
 Email Address: hawkindoe@yahoo.com Website: hawkindoe@yahoo.com
 Billing Address: 132 (132) Warren Ave City: Selmer
 State: TN Zip: 38375

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
Sole Prop Other:
 Partnership
 Business Start Date: Feb 1, 2023
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 11000676982 Print Refund Policy on Footer:
 Yes No
 Types of Goods Sold: from dresses (if yes input message in notes)

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

Officer/Owners Name: Alice Hawkins Title: owner Social Security: 587-07-8575
 Home Address: 276 Pharr Ave City, State, Zip Code: Selmer TN 38375
 Drivers License#: 050829341 Expiration Date: 06/29/2028 State: TN
 DOB: 05-31-1950 Home Phone Number: 731-610-0790
 % of Business Owned: 100 % Length of Ownership: New store

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

Terminal Questions (Circle your answer)

Name of Bank: The Bank Batch Out Time: 7:00 p.m
 ABA Routing #: 084304337 Communication Method: IP-internet or Dial-phone
 Account #: 10243179 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

| | | | | |
|---|---------------------|---------------------------|------------|-----------|
| Estimated Annual Sales (All sales) <u>new store</u> | \$ <u>10,000.00</u> | Reprogram Terminal: | Yes | <u>No</u> |
| Estimated Visa/MC/Discover Sales <u>estimated</u> | \$ <u>7,000.00</u> | Equipment Purchase: | Yes | <u>No</u> |
| Estimated Monthly Visa/MC/Discover/AMEX Sales | \$ <u>3,000.00</u> | Equipment Rental Program: | <u>Yes</u> | No |
| Average Ticket | \$ <u>200 up</u> | Next Day Funding: | Yes | No |
| High Ticket | \$ <u>300</u> | Tip Edit: | Yes | No |

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: % Card Keyed In: % = 100% Tax Calculation: Yes No If so tax rate: 9.75 %

Software or POS Integration Questions Only

MOTO: % Internet: % POS Software Integration: Yes No

Traditional IBUXX SimpleBuxx PrimeBuxx Software Name & Version:

Notes:
 MP/AP Name:
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Broken Rose & Co.

Receipt Footer Message: We appreciate your business

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 Card Present: % Card Not Present % = 100%

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