

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

Merchant Application Submission Form

Merchant (Business) DBA Name: Louisville Dental Associates

Business Legal Name: Louisville Dental Associates

Contact Name: Ashley Eaves Contact Phone Number: 662 773 5544

Physical Address: 16701 E Main St. City, State, Zip: Louisville, MS 39339

Phone Number: 662 773 5544 Fax Number: 662 773 4870

Email Address: LDAMississippi@gmail.com Website: www.SmilesByLDA.com

Billing Address: same as above City:

State: Zip:

Business Type

Corporation - circle one: Private or Public

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

Refund Policy: 30 days 60 days Other None

Sole Prop Other: Partnership

EIN/Federal Tax ID# 82-2883862 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Dental Services (If yes input message in notes)

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

Officer/Owners Name: George A. Faulk Title: owner Social Security: 587 01 3763

Home Address: 186 Faulk Rd. City, State, Zip Code: Eupora, MS 39744

Drivers License#: 800846061 Expiration Date: 2/3/23 State: MS

DOB: 2/3/63 Home Phone Number: 662 552 0062

% of Business Owned: 100 % Length of Ownership: 4.5 yrs.

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank <u>Regions</u>	Batch Out Time: <u>6 pm</u>
ABA Routing # <u>see check</u>	Communication Method <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$2,600,000</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$1,500,000</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$/30,000</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$ 500</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$ 6,000</u>	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: <u>60</u> % Card Keyed In: <u>40</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
Card Present: <u>70</u> % Card Not Present <u>30</u> % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <u>Molli Swiderski - MP</u>	MP/AP Name: <u>Molli Swiderski</u>
<u>Ashley Eaves - RP</u>	RP Name: <u>Ashley Eaves</u>
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: