

Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: applications@impactpays.net			
Copy of Drivers License <input checked="" type="checkbox"/>	10-3-23				

Merchant (Business) DBA Name: **YES Expect PerSection INC**

Business Legal Name:

Contact Name: **Shatyra Johnson Chism** Contact Phone Number: **901 584-6993**

Physical Address: **3521 Airways** City, State, Zip: **Memphis TN 38116**

Phone Number: **901 238 4843** Fax Number:

Email Address: **ShatyraJ4@gmail.com** Website:

Billing Address: **3521 Airways** City: **Memphis**

State: **TN** Zip: **38116**

Corporation - circle one: Private or Public

Business Start Date: **July 2023**

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# **93-3495722** Print Refund Policy on Footer: Yes No (if yes input message in notes)

Types of Goods Sold: **Food Truck**

Officer/Owners Name: **Shatyra** Title: **VP** Social Security: **413-41 2304**

Home Address: **4781 Migaldi DR** City, State, Zip Code: **Memphis TN 38125**

Drivers License#: **0908 89818** Expiration Date: **5-23-24** State: **TN**

DOB: **9-18-81** Home Phone Number: **901 238-4843**

% of Business Owned: 100 % Length of Ownership:

Name of Bank: **Navy Federal Credit Union** Batch Out Time: **8:00**

ABA Routing #: **256074974** Communication Method: IP-Internet or Dial-phone

Account #: **7103731407** Do you dial 9 for outside line? Yes No

Terminal Type:

Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program:	Yes	No
Average Ticket	\$	Next Day Funding:	<u>Yes</u>	No
High Ticket	\$	Tip Edit:	<u>Yes</u>	No

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

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

MOTO: % Internet: %

POS Software Integration: Yes No

Traditional IBUXX SimpleBuxx PrimeBuxx

Software Name & Version:

Notes: **hot spot they will use 24.95 I Dongle needed**

MP/AP Name: **Copeland**

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: **Thank you for your business**

Receipt Footer Message: **YES Expect says thank you for your business**