

Attached Required Document Checklist
 Voided Check
 Copy of Drivers License

Fax to : 901-692-9499
 email to:
 applications@impactpays.net



Managing Partner Name: Aaron Heilaman
 Date Submitted:

Merchant Application Submission Form

Merchant (Business) DBA Name: TRADITION DRUG
 Business Legal Name: AOA PHARMACY, INC.
 Contact Name: Aaron Heilaman
 Physical Address: 1131 Arlington St.
 Phone Number: 580-332-5720
 Email Address: aaron@traditiondrug.com
 Billing Address: 1131 Arlington St.
 State: OK Zip: 74820

Contact Phone Number: 580-332-5720
 City, State, Zip: AOA, OK 74820
 Fax Number: 580-332-5724
 Website: traditiondrug.com
 City: AOA

Business Type
 Corporation - circle one: Private or Public
 LLC - circle one: (corp) S corp P partner D disregarded entity
 Sole Prop Other:
 Partnership
 Business Start Date: 12-26-2012
 Federal Tax ID# 46-1485530
 Refund Policy? Yes or No
 Types of Goods Sold: Prescription Medications, Gifts, Smocks

Ownership Information (Must be 51% or more) (no individual owns 734%)
 Officer/Owners Name: Aaron Heilaman Title: President Social Security: 410-94-5823
 Home Address: 1731 Augusta Dr. City, State, Zip Code: AOA, OK 74820
 Drivers License#: P082561090 Expiration Date: 6-30-21 State: OK
 DOB: 12-22-1977 Home Phone Number: 580-332-5720
 % of Business Owned: 33.4 % Length of Ownership: 7 years

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: LANDMARK BANK
 ABA Routing #: 081 420 862
 Account #: 415 021 3334

Estimated Sales Volume
 Estimated Annual Sales (All sales) \$3,500,000
 Estimated Visa/MC/Discover Sales \$40,000
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$40,000
 Average Ticket \$40.00
 High Ticket \$38.00
 First two sections must equal 100% respectively
 Card Swiped: 96 % Card Keyed In: 2 % = 100%
 Card Present: 99 % Card Not Present: 1 % = 100%

Terminal Questions
 Batch Out Time: 0700
 Communication Method: XIP-internet or Dial-phone
 Do you dial 9 for outside line? Yes - No
 Terminal Type:
 Pin Pad Type:
 Reprogram Terminal: Yes - No
 Equipment Purchase: Yes - No
 Equipment Rental Program: Yes - No
 PIN Debit Pin Pad: Yes - No
 POS Software Integration: Yes - No
 Software Name & Version:
 Next Day Funding: Yes - No
 Tip Edit: Yes - No

MOTO: % Internet: %
 Notes:

11
18
2
11
18
2
7
10
2
27
1
2
9
1
29

23 24
27 28 29

ADA PHARMACY, INC.
1131 ARLINGTON ST
ADA, OK 74821

2934

90 86 915
4150



PAY
TO THE
ORDER OF

Amant's
Pharm
ADA

DATE

\$

DOLLARS



Member FDIC

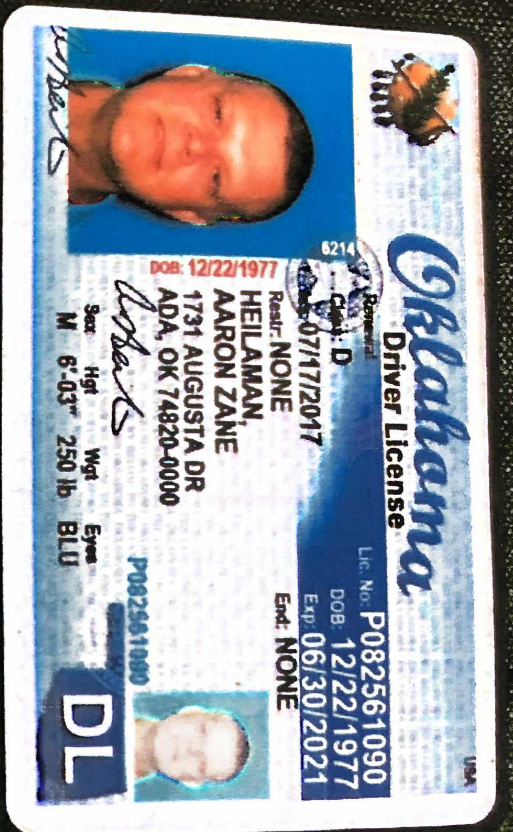
LandmarkBank.com

(800) 618-5503

FOR

⑆002934⑆ ⑆081500862⑆

⑆4150013334⑆



Oklahoma
Driver License

HEILAMAN, AARON ZANE
1731 AUGUSTA DR
ADA, OK 74820-0000

DOB: 12/22/1977
Sex: M, Hgt: 6'-03", Wgt: 250 lb, Eyes: BLU

Class: D
Restr: NONE
Exp: 06/30/2021

Lic. No.: P082561090
DOB: 12/22/1977
Exp: 06/30/2021
End: NONE

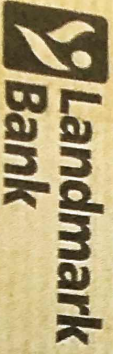
P082561090

DL

ADA PHARMACY, INC.
1131 ARLINGTON ST
ADA, OK 74821

PAY TO THE ORDER OF

Amanda S. W.



Member FDIC

LandmarkBank.com

(800) 618-5503

FOR

⑆002934⑆ ⑆081500862⑆

DATE

\$

DOLLARS

2934

80-86/815
4150



⑆4150013334⑆

Boadie Anderson 10-8-72

442-84-6841

1202 S. Constant

Ada, OK 74820

580-399-5058

John Anderson 10-1-74

442-84-6833

401 E. Parkway

Ada, OK 74820

580-272-7837



Orlathanna

Driver License

8214



Class: **D**
10/07/2015

End: **NONE**

Lic. No. **U082184040**

DOB **10/08/1972**

Exp. **06/30/2020**

DOB: **10/08/1972**

Restr: **NONE**

**ANDERSON,
BOADIE LANMAR II**

**PO BOX 954
ADA, OK 74820-0000**

U082184040

BS LAMAR



Sex: **M** Hgt: **5'-11"** Wgt: **190 lb** Eyes: **GRN**

BS LAMAR



DL





Oklahoma

Driver License



John B. Anderson

DOB: 10/01/1974



Class: **D**

DOB: 06/14/2018

Restr: **NONE**

**ANDERSON,
JOHN B**

**401 EAST PARKWAY
ADA, OK 74820-0000**

John B. Anderson

Sex: **M** Hgt: **5'-10"** Wgt: **165 lb** Eyes: **BLU**

Lic. No: **L081082409**

DOB: **10/01/1974**

Exp: **10/31/2021**

End: **NONE**

L081082409



DL



USA