

|   |  |                                       |                      |   |              |
|---|--|---------------------------------------|----------------------|---|--------------|
| Attached Required Document Checklist                        |  | Date Submitted: 12-8-22               | Fax to: 901-692-9499 |  | Version: 005 |
| Voided Check <input checked="" type="checkbox"/>            | Business Verification Document <input checked="" type="checkbox"/> | email to: applications@impactpays.net |                      |   |              |
| Copy of Drivers License <input checked="" type="checkbox"/> |  |                                       |                      |   |              |

Merchant Application Submission Form

Merchant (Business) DBA Name: The Frock Shop

Business Legal Name: \_\_\_\_\_

Contact Name: Susan P. Vallotton Contact Phone Number: 803-943-2271

Physical Address: 130 Lee Ave. City, State, Zip: Hampton SC 29924

Phone Number: 803- Fax Number: gmail.com

Email Address: susanpvallotton@ Website: \_\_\_\_\_

Billing Address: 130 Lee Ave City: Hampton

State: SC Zip: 29924

Business Type

Corporation - circle one: Private or Public

Business Start Date: 2000

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

Refund Policy: 30 days 60 days Other None

Sole Prop Other: \_\_\_\_\_

EIN/Federal Tax ID# 46 218 9468

Print Refund Policy on Footer: Yes No

Partnership \_\_\_\_\_

Types of Goods Sold: Clothes

(If yes input message in notes)

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

Officer/Owners Name: Susan Title: Owner Social Security: 25794-2990

Home Address: 2101 Bookery LN City, State, Zip Code: Charleston SC 29414

Drivers License#: 004660635 Expiration Date: 4-2-27 State: SC

DOB: 4-2-55 Home Phone Number: \_\_\_\_\_

% of Business Owned: 51 % Length of Ownership: 25 years

| Banking Information ** No starter checks or deposit slips accepted** | Terminal Questions (Circle your answer)                |
|--|--|
| Name of Bank: <u>Voided Palmetto State Bank</u>                      | Batch Out Time: <u>5:10 PM</u>                         |
| ABA Routing #: _____   | Communication Method: IP-internet or <u>Dial-phone</u> |
| Account #: _____   | Do you dial 9 for outside line? Yes <u>No</u>          |

| Estimated Sales Volume                        |                 | Terminal Type: <u>Pax 80 IBUX</u>       |
|---|-----------------|---|
| Estimated Annual Sales (All sales)            | <u>\$150K</u>   | Reprogram Terminal: Yes <u>No</u>       |
| Estimated Visa/MC/Discover Sales              | <u>\$10K</u>    | Equipment Purchase: Yes <u>No</u>       |
| Estimated Monthly Visa/MC/Discover/AMEX Sales | <u>\$</u>       | Equipment Rental Program: Yes <u>No</u> |
| Average Ticket                                | <u>\$500.00</u> | Next Day Funding: <u>Yes</u> <u>No</u>  |
| High Ticket                                   | <u>\$10K</u>    | Tip Edit: Yes <u>No</u>                 |

First two sections must equal 100% respectively

Card Swiped: 100 % Card Keyed In: \_\_\_\_\_ % = 100%

Card Present: 100 % Card Not Present \_\_\_\_\_ % = 100%

EBT: Yes No FNS Number: \_\_\_\_\_

Software or POS Integration Questions Only

MOTO: \_\_\_\_\_ % Internet: \_\_\_\_\_ %

POS Software Integration: Yes No

Traditional IBUX SimpleBuxx PrimeBuxx

Software Name & Version: \_\_\_\_\_

Notes: IBUX Phone Line 19.95

MP/AP Name: \_\_\_\_\_

RP Name: \_\_\_\_\_

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: the Frock Shop

Receipt Footer Message: 803 943-2271