



50%

585-65-4950



50%

585-73-3483

DOB - 10/20/84

Notes:	MOTO: % Internet: %
Card Swiped: 95 % Card Keyed In: 5 % = 100%	Card Present: 95 % Card Not Present 5 % = 100%
Equipment Rental Program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reprogram Terminal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	First two sections must equal 100% respectively
High Ticket	Estimated Annual Sales (All sales) \$150,000
Average Ticket	Estimated Visa/MC/Discover Sales \$140,000
Estimated Monthly Visa/MC/Discover/AMEX Sales	Estimated Visa/MC/Discover Sales \$140,000
Terminal Type: <i>CECORA</i>	Do you dial 9 for outside line? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pin Pad Type: <i>CECORA</i>	Pin Pad Type: \$20.00
Terminal Type: <i>CECORA</i>	Terminal Type: \$5.00
Communication Method: <i>P-Internet</i>	Batch Out Time: <i>9:30 pm</i>
Estimated Sales Volume	Terminal Questions

Account #

ABA Routing #

Name of Bank *FNBC*

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

Banking Information

% of Business Owned: *60* %

Length of Ownership: *1 yr*

DOB: *11/09/1977*

Home Phone Number: *870-376-6199*

Drivers License#: _____

Expiration Date: _____

State: _____

Home Address: *5 Whipperwill Ln*

City, State, Zip Code: *Batesville, AR 72501*

Officer/Owners Name: *Nathan Ellyson*

Title: *Owner*

Social Security: *585-65-4950*

Ownership Information (Must be 51% or more)

Partnership

Sole Prop

Other:

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

Corporation - circle one: Private or Public

Federal Tax ID# *83-2673600*

Types of Goods Sold: *Food & Beverage*

Refund Policy? Yes No

Business Start Date: *January 2020*

or *(11/29/18 est.)*

Business Type

State: *AR*

Zip: *72501*

Billing Address: *5 Whipperwill Lane*

City: *Batesville*

Email Address: *thetaccrate@gmail.com*

Website: _____

Phone Number: *918-565-3859*

Fax Number: *N/A*

Physical Address: *1014 S. Saint Louis*

City, State, Zip: *Batesville, AR 72501*

Contact Name: *Shaelyn Ellyson*

Contact Phone Number: *918-565-3859*

Business Legal Name: *Tea Crate, LLC*

Merchant (Business) DBA Name: *Tea Crate, LLC*

Merchant Application Submission Form

Date Submitted: *January 5, 2020*

Managing Partner Name: *Nathan Ellyson*

Copy of Drivers License

Voided Check

Attached Required Document Checklist

email to: *applications@impactpays.net*

Fax to: *901-692-9499*

