

SAME owner 100% AS Jimmy Butler A/S

Attached Required Document Checklist	Date Submitted:	Fax to: 901-692-9499	IMPACT PAYMENT PROCESSOR Version: 005
Voided Check <input checked="" type="checkbox"/>	email to: applications@impactpays.net	2	
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			

Merchant Application Submission Form

Merchant (Business) DBA Name: \_\_\_\_\_  
Business Legal Name: Storage Plus  
Contact Name: Jimmy Butler Contact Phone Number: 803-943-2120  
Physical Address: 907W Carolina Ave City, State, Zip: Varnville SC, 29944  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: jbasinc@yahoo.com Website: \_\_\_\_\_  
Billing Address: PO Box 352 City: Varnville  
State: Varnville SC Zip: 29944

Business Type

Corporation - circle one: Private or Public Business Start Date: 5/1/2013  
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# \_\_\_\_\_ Print Refund Policy on Footer: Yes No  
Partnership Types of Goods Sold: sheds/trailers (If yes input message in notes)

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

Officer/Owners Name: Jimmy Butler Title: owner Social Security: 251-98-7191  
Home Address: 2150 Walterboro Hwy City, State, Zip Code: Varnville SC 29944  
Drivers License#: 004596035 Expiration Date: 10/01/2027 State: 29944 / SC  
DOB: 10/1/1954 Home Phone Number: \_\_\_\_\_  
% of Business Owned: 100 % Length of Ownership: \_\_\_\_\_

Banking Information ** No starter checks or deposit slips accepted **	Terminal Questions (Circle your answer)
Name of Bank: Palmetto State Bank	Batch Out Time: 5:00
ABA Routing #: 053202596	Communication Method: IP-internet or Dial-phone
Account #: 069010601	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type: TBUX

Estimated Annual Sales (All sales) _____ \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales Last month → \$3000	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: Yes No
High Ticket \$10,000	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 90 % Card Keyed In: \_\_\_\_\_ % = 100%  
Card Present: 90 % Card Not Present: \_\_\_\_\_ % = 100%

EBT: Yes No FNS Number: \_\_\_\_\_  
Tax Calculation: Yes No If so tax rate: 8 %

Software or POS Integration Questions Only

MOTO: \_\_\_\_\_ % Internet: \_\_\_\_\_ %  
POS Software Integration: Yes No  
Traditional (IBUX) SimpleBuxx PrimeBuxx  
Software Name & Version: \_\_\_\_\_

Notes: 19.95 terminal IBUX

MP/AP Name: K Sease  
RP Name: \_\_\_\_\_  
Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Storage Plus  
Receipt Footer Message: 803-943-2120