


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>		email to:	
Copy of Drivers License <input type="checkbox"/>		applications@impactpays.net	
Managing Partner Name:			
Date Submitted:			

Merchant Application Submission Form

Merchant (Business) DBA Name: South GATE WIG & Beauty

Business Legal Name: SouthGATE WIG & Beauty

Contact Name: Young Moon Contact Phone Number: 901-775-0150

Physical Address: 1917 S. 3rd ST City, State, Zip: Memphis TN 38109

Phone Number: 901-775-0150 Fax Number:

Email Address: YJMoon1121@gmail.com Website:

Billing Address: 1917 S. 3rd ST City: Memphis

State: TN Zip: 38109

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other:

Partnership

Business Start Date: 11-01-2007

Federal Tax ID#

Refund Policy? Yes or No

Types of Goods Sold:

Ownership Information (Must be 51% or more)

Officer/Owners Name: Soon D Moon Title: owner Social Security: 425-81-3595

Home Address: 1135 PALMINA CV City, State, Zip Code: CORDONIA TN 38018

Drivers License#: 091148307 Expiration Date: 11/26/2026 State: TN

DOB: 02/12/1974 Home Phone Number: 901-755-6402

% of Business Owned: 100% Length of Ownership: 13 yr

Banking Information

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

Name of Bank

ABA Routing #

Account #

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$	<u>700,000</u>	Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$		Communication Method: IP-internet or Dial-phone	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	\$		Terminal Type:	
High Ticket	\$	<u>1000</u>	Pin Pad Type:	
First two sections must equal 100% respectively			Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: % Card Keyed In: % = 100%			Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: % Card Not Present % = 100%			Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %			PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:			POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
			Software Name & Version:	
			Next Day Funding:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
			Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No