

**Attached Required Document Checklist**

Voided Check   
 Copy of Drivers License

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



Managing Partner Name: Lisa + Jason Taylor  
 Date Submitted: 9-25-20

**Merchant Application Submission Form**

Merchant (Business) DBA Name:  
 Business Legal Name: Southern Accents  
 Contact Name: Lisa Davis Contact Phone Number: 501 206 8399  
 Physical Address: 16759 Greers Ferry Rd City, State, Zip: Greers Ferry, AR, 72067  
 Phone Number: 501-825-8887 Fax Number:  
 Email Address: lisadavis, daviddavis@yahoo.com Website:  
 Billing Address: same as above City:  
 State: Zip:

**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: 9-1-15  
 Federal Tax ID# 430 29 2344 Refund Policy? Yes or No  No  
 Types of Goods Sold:

**Ownership Information (Must be 51% or more)**

Officer/Owners Name: Lisa Davis Title:  
 Home Address: 16759 Greers Ferry Rd City, State, Zip Code: Greers Ferry AR 72067  
 Drivers License#: 921 681601 Expiration Date: 8-9-25 State: AR  
 DOB: 8-9-1960 Home Phone Number: 501-206-8399  
 % of Business Owned: 100 % Length of Ownership: 5 years  
 Social Security: 430 29 2344

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)  
 Name of Bank: First Arkansas Bank + Trust  
 ABA Routing #: 082007649  
 Account #: 72480783

**Terminal Questions**

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>150,000</u>	Batch Out Time:	<u>6:pm</u>
Estimated Visa/MC/Discover Sales	\$ <u>75,000</u>	Communication Method:	<input checked="" type="checkbox"/> P-internet or <input type="checkbox"/> Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ <u>7,000</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	<u>75.00</u> \$ <u>350.00</u>	Terminal Type:	
High Ticket	\$ <u>350.00</u>	Pin Pad Type:	
<b>First two sections must equal 100% respectively</b>		Reprogram Terminal:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Swiped: <u>98</u> % Card Keyed In: <u>2</u> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Present: <u>98</u> % Card Not Present <u>2</u> % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Notes:		POS Software Integration:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No

ibuxx

**STATE OF ARKANSAS**  
**DEPARTMENT OF FINANCE AND ADMINISTRATION**

**Standard Permit**

**LISA K. DAVIS**  
**SOUTHERN ACCENTS**  
**4788 GREENS FERRY RD**  
**GREENS FERRY, AR 72427-8401**

<b>Account ID:</b>	<b>73714184-SLS</b>
<b>Sale Permit ID:</b>	<b>73714184-001</b>
<b>Date Issued:</b>	<b>October 31, 2018</b>
<b>Date Expires:</b>	<b>September 1, 2019</b>
<b>Business Type:</b>	<b>Sole Proprietor</b>

**NAICS: 483228 Gift, Novelty, and Souvenir Stores**

**Legal Name/Owner(s): LISA K. DAVIS**

This business is exempt from sales and use tax only for the purchases of goods to be sold in the normal course of business.

This permit is valid until it is canceled and surrendered by the permit holder or revoked by the Director of the Department of Finance and Administration.

This permit must be surrendered to the Director if this business is sold, discontinued or location is changed.

When this permit is surrendered for any of the above reasons, the business must report and pay any sales or use tax plus any penalties or interest that is owed. Failure to pay these taxes may result in a lien being placed against the stock and fixtures of this business and is enforceable against purchasers and third parties.

**\*\* Permit must be displayed in a prominent place in your business \*\***

**PERMIT IS NONTRANSFERABLE**

# ARKANSAS

The Natural State

DRIVER'S LICENSE

DLN: 921681601      DOB: 08-00-1960

NOT FOR FEDERAL IDENTIFICATION

DAVIS  
LISA  
KAYE  
6759 GREERS FERRY RD  
GREERS FERRY, AR 72067 8402



Issued: 07-24-2017      Expires: 08-00-2025  
Sex: F      Height: 5-05      Eyes: GRN  
Endors:      Weight:



*Lisa Kaye Davis*

MEMORANDUM FOR THE RECORD  
DATE: 11/14/92  
TO: [illegible]  
FROM: [illegible]

**LISA K DAVIS**  
**DBA SOUTHERN ACCENTS**

8750 GREERS FERRY RD

GREERS FERRY, AR 72067-8402

1492

11/14/92

204

DATE

AMOUNT

Pay to the  
Order of

\$

Dollars



Mobile  
Deposits  
Available

**FAB&T**

First Arkansas Bank & Trust  
Jacksonville, AR 72078

*VOID*

For

NOB 200764911492 ? 248 078 311