

Attached Document Checklist

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Something Special

Business Legal Name:

Contact Name: JANIE WEST Contact Phone Number: 901 475-4477

Physical Address: 121 Court Sq W City, State, Zip: Covington TN 38019

Phone Number: 901 475-4477 Fax Number: 901 - 475 - 4119

Email Address: SomethingSpecialTN@gmail.com Website:

Billing Address: City:

State: Zip:

Business Type

Corporation Business Start Date: 1998

Limited Liability Business Type: Retail

Sole Prop % of Business Owned: 51 100 % Length of Ownership: 21

Partnership Other Types of Goods Sold: All Types of Home wares

Federal Tax ID# 62-0951980 Refund Policy? yes

Ownership Information

Officer/Owners Name: JANIE WEST Title: OWNER Social Security: 515 54 3809

Home Address: 291 Lackey Lane City, State, Zip Code: Ripley TN 38063

Drivers License#: 027443311 Expiration Date: State: TN

DOB: 5-4-38 Home Phone Number: 901-475-635-4470

Banking Information

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

Name of Bank Bank of Ripley

City Ripley State TN Zip 38063

ABA Routing # 084308003

Account # 0107999

Estimated Sales Volume		Terminal Questions																									
Estimated Annual Sales (All sales)	\$ <u>600,000</u>	Batch Out Time:	<u>11 pm</u>																								
Estimated Visa/MC/Discover Sales	\$ <u>545,000</u>	Communication Method:	<u>dials through phone</u>																								
Estimated Amex Sales	\$ <u>55,000</u>	(Dial) IP-Internet	<u>2nd line</u>																								
Average Ticket	\$ <u>75.00</u>	Do you dial 9 for outside line?	<u>NO</u>																								
**Highest Ticket	\$ <u>400.00</u>	Terminal Type	<u>SEE PIC</u>																								
<table border="1"> <tr> <td>% Card Swiped</td> <td><u>78</u></td> <td>%</td> </tr> <tr> <td>% Card Keyed In</td> <td><u>2</u></td> <td>%</td> </tr> <tr> <td>% Card Present</td> <td><u>90</u></td> <td>%</td> </tr> <tr> <td>% Card Not Present</td> <td><u>2</u></td> <td>%</td> </tr> <tr> <td>% MOTO</td> <td><u>0</u></td> <td>%</td> </tr> <tr> <td>% Internet</td> <td><u>0</u></td> <td>%</td> </tr> <tr> <td>% B2B</td> <td><u>0</u></td> <td>%</td> </tr> <tr> <td>% International Cards</td> <td><u>0</u></td> <td>%</td> </tr> </table>		% Card Swiped	<u>78</u>	%	% Card Keyed In	<u>2</u>	%	% Card Present	<u>90</u>	%	% Card Not Present	<u>2</u>	%	% MOTO	<u>0</u>	%	% Internet	<u>0</u>	%	% B2B	<u>0</u>	%	% International Cards	<u>0</u>	%	Equipment Purchase	
% Card Swiped	<u>78</u>	%																									
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% International Cards	<u>0</u>	%																									
		Equipment Replacement Program																									
		PIN Debit Pin Pad																									
		POS SOFTWARE																									
		Software Name & Version:																									
		Next Day Funding (Yes or No):	<u>WAIVE FEE</u>																								
		Tip Edit (Yes or No):	<u>NO</u>																								

Managing Partner

Managing Partner Name David Copeland

Date Submitted 9-24-19

lease vx520

Internal Use Only

Date Received:	IC +:	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:

Attached Document Checklist

Voided Check

Copy of Drivers License

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email to: applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Something Special

Business Legal Name:

Contact Name: JANIE WEST Contact Phone Number: 731-635 4470

Physical Address: 230 S. WASHINGTON ST City, State, Zip: Ripley TN 38063

Phone Number: 731 635-4470 Fax Number: 731 635 4459 901 475-4119

Email Address: Website:

Billing Address: City:

State: Zip:

Business Type

Corporation Business Start Date: 1975

Limited Liability Business Type: Retail

Sole Prop % of Business Owned: 100 % Length of Ownership: 44

Partnership Other Types of Goods Sold: All Retail types of home ACCESS

Federal Tax ID# 62-0951980 Refund Policy? yes

Ownership Information

Officer/Owners Name: JANIE WEST Title: owner Social Security: 515 54 3809

Home Address: 291 LACKEY LANE City, State, Zip Code: Ripley TN 38063

Drivers License#: 027443311 Expiration Date: 03/21/26 State: TN

DOB: 5-4-38 Home Phone Number: 901 635 4470

Banking Information

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

Name of Bank BANK of Ripley

City Ripley State TN Zip 38063

ABA Routing # 084308003

Account # 0107999

Estimated Sales Volume		Terminal Questions
Estimated Annual Sales (All sales)	\$ <u>400,000</u>	Batch Out Time: <u>11pm</u>
Estimated Visa/MC/Discover Sales	\$ <u>370,000</u>	Communication Method: <u>dials through her phone</u>
Estimated Amex Sales	\$ <u>30,000</u>	Dial <input checked="" type="checkbox"/> IP-Internet <input type="checkbox"/>
Average Ticket	\$ <u>70.00</u>	Do you dial 9 for outside line? <u>No</u>
**Highest Ticket	\$ <u>250.00</u>	Terminal Type <u>See pic</u>
% Card Swiped <u>98</u> %		Equipment Purchase <input type="checkbox"/>
% Card Keyed In <u>2</u> %		Equipment Replacement Program <input type="checkbox"/>
% Card Present <u>98</u> %		PIN Debit Pin Pad <input type="checkbox"/>
% Card Not Present <u>2</u> %		POS SOFTWARE <input type="checkbox"/>
% MOTO <u>0</u> %		Software Name & Version:
% Internet <u>0</u> %		Next Day Funding (Yes or No): <u>Waive See</u>
% B2B <u>0</u> %		Tip Edit (Yes or No): <u>No</u>
% International Cards <u>0</u> %		

Managing Partner

Managing Partner Name: David Copeland

Date Submitted: 9-24-19

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:

vx 520 lease

on her 2nd line