

Attached Required Document Checklist
 Voided Check
 Copy of Drivers License
 Managing Partner Name: Tricia Wright
 Date Submitted: 9/2/20

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



Merchant Application Submission Form

Merchant (Business) DBA Name: The Blind Lady
 Business Legal Name: The Blind Lady Mps
 Contact Name: Lisa Juneau Contact Phone Number:
 Physical Address: 1173 Scarlet Tanager Ln City, State, Zip: Collierville TN 38017
 Phone Number: 901 335 6996 Fax Number:
 Email Address: blindladylisa@aol.com Website:
 Billing Address: Same City:
 State: Zip:

Business Type
 Corporation - circle one: Private or Public Business Start Date: 07
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Federal Tax ID# 46-0704847 Refund Policy? Yes or No
 Partnership Types of Goods Sold: Window Treatments

Ownership Information (Must be 51% or more)
 Officer/Owners Name: Lisa Juneau Title: Social Security: 408 31 7989
 Home Address: 1173 Scarlet Tanager Ln City, State, Zip Code: Collierville TN
 Drivers License#: 057725575 Expiration Date: 5/23/27 State: TN
 DOB: 5/23/64 Home Phone Number: 901 335 6996
 % of Business Owned: 100 % Length of Ownership: 13 yrs

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 Fayette County
 ABA Routing #
 Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>5:30</u>
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	<u>\$100 - \$250</u>	Terminal Type:	
High Ticket	<u>\$18K</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>25</u> %	Card Keyed In: <u>75</u> % = 100%	Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>50</u> %	Card Not Present: <u>50</u> % = 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: <u>Realized this is Bank of Fayette</u>		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