


Mordikay Macafee = son

<b>Attached Required Document Checklist</b>		Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>		email to:	
Copy of Drivers License <input checked="" type="checkbox"/>		applications@impactpays.net	
Managing Partner Name: <u>Tricia Wright</u>			
Date Submitted: <u>1-4-21</u>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Fayette Fire and Security

Business Legal Name: " " LLC

Contact Name: Ronnie Macafee Contact Phone Number: \_\_\_\_\_

Physical Address: 1600 Hwy 64 City, State, Zip: Somerville TN 38068

Phone Number: 9018706210 Fax Number: \_\_\_\_\_

Email Address: Ronnie@ztechcntrl.com Website: FayetteFireandSecurity.com

Billing Address: P.O. 928 City: \_\_\_\_\_

State: Somerville Zip: TN 38068

**Business Type**

Corporation - circle one: Private or Public Business Start Date: 2013

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

Sole Prop  Other: Federal Tax ID# 46-1664909 Refund Policy? Yes or  No

Partnership Types of Goods Sold: Alarm + monitoring services

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

Officer/Owners Name: Ronnie Macafee Title: owner Social Security: 408-92-4489

Home Address: 160 Person Rd City, State, Zip Code: Oak TN 38060

Drivers License#: 036138696 Expiration Date: 9/20/25 State: TN

DOB: 10/18/52 Home Phone Number: 901-870-6210

% of Business Owned: 51 % Length of Ownership: 10 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 #: 084304337

Account #: 10180311

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$		Batch Out Time:	<u>bpm</u>
Estimated Visa/MC/Discover Sales	\$		Communication Method: <u>IP-Internet</u> or Dial-phone	
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$		Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No	
Average Ticket	\$	<u>3000</u>	Terminal Type: <u>Virtual</u>	
High Ticket	\$	<u>5000</u>	Pin Pad Type:	
First two sections must equal 100% respectively			Reprogram Terminal:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Swiped: % Card Keyed In: % = 100%			Equipment Purchase:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Present: % Card Not Present % = 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: <u>Bank of F.C. customer</u>			POS Software Integration:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
<u>All charges are entered via Bill Pro</u>			Software Name & Version: <u>Billpro</u>	
			Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
			Tip Edit:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No

Version: 003

DRIVER LICENSE



VALID  
WITHOUT  
PHOTO

Tennessee  
THE VOLUNTEER STATE

DL NO. 036138696 DOB 10/18/1952

EXP 09/20/2025 ISS 09/20/2017

CLASS D ENG NONE

REST NONE

SEX M HGT 5'-06" EYES GRN

DD 9011709201436543

MCAFEE  
RONALD RHEA  
160 PERSON RD

OAKLAND, TN 38060

Save Time, Renew Online  
www.Tennessee.gov

172630250215150101



10/18/1952

Rev 12/02/2011

ENDORSEMENTS:

None



CLASS: D Vehicles <26,000 (Operator)

RESTRICTIONS: None

**ORGAN DONOR**  I hereby certify that I am 18 or older, of sound mind, and  Any Organ/Tissue upon my death, wish to make an anatomical gift noted here:  Entire Body

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_ Blood Type \_\_\_\_\_

Specific Organ(s)/Tissue \_\_\_\_\_ RH Factor \_\_\_\_\_

**FOR NON-PHOTO  
SIGN HERE:**

**Fayette Fire & Security, LLC**

16600 Hwy 64 ste.104  
Somerville, TN 38068

1088

87-433/843

20

PAY TO THE  
ORDER OF

\$

DOLLARS

The Bank

FOR

⑈001088⑈ ⑆08430433⑆ 10180311⑈