

Voided Check
Copy of Drivers License

email to:
applications@impactpays.net



Managing Partner Name: Tricia Wright
Date Submitted: 9-18-20

Merchant Application Submission Form

Merchant (Business) DBA Name: Rossville Nutrition House
Business Legal Name: LL
Contact Name: Dana Jayner Contact Phone Number:
Physical Address: 470 Main St City, State, Zip: Rossville TN 38066
Phone Number: 901 286 4433 Fax Number:
Email Address: RossvilleNutrition@gmail.com Website:
Billing Address: same 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: 6-25-20
Federal Tax ID# attached Refund Policy? Yes or No
Types of Goods Sold: Nutritional Beverages

Ownership Information (Must be 51% or more)

Officer/Owners Name: Dana Jayner Title: owner Social Security: 412413444
Home Address: 277 Nonconah City, State, Zip Code: Byhalia MS 38611
Drivers License#: 066268438 Expiration Date: 3-27-28 State: TN
DOB: 4-02-70 Home Phone Number: 901 268 0042
% of Business Owned: 100 % Length of Ownership:

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 Cnty
ABA Routing #
Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>6 pm</u>
Estimated Visa/MC/Discover Sales	\$	Communication Method:	<input checked="" type="checkbox"/> 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>10</u>	Terminal Type:	<u>Simple</u>
High Ticket	\$ <u>500</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>99</u> % Card Keyed In: <u>1</u> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>99</u> % Card Not Present <u>1</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>Bank of Fc</u>		POS Software Integration:	<input type="checkbox"/> Yes - <input 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 type="checkbox"/> No