

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

Merchant Application Submission Form

Merchant (Business) DBA Name: G & G Repair

Business Legal Name: G & G Repair

Contact Name: Jay Glover Contact Phone Number: 901-465-4680

Physical Address: 3705 Jernigan City, State, Zip: Somerville TN 38068

Phone Number: 901-834-0459 Fax Number: 901-813-8279

Email Address: tglover23@aol.com Website: _____

Billing Address: P.O. Box 154 City: Somerville

State: TN Zip: 38068

Business Type

Corporation - circle one: Private or Public Business Start Date: Jan. 2010

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

Sole Prop Other: Federal Tax ID# 45-4218693 Refund Policy? Yes or No

Partnership Types of Goods Sold: _____

Ownership Information (Must be 51% or more)

Officer/Owners Name: Jerry Glover Jr Title: owner Social Security: 470-55-3962

Home Address: 5265 Jernigan DR City, State, Zip Code: Somerville, TN 38068

Drivers License#: _____ Expiration Date: _____ State: _____

DOB: 05/23/1972 Home Phone Number: 901-834-0459

% of Business Owned: 100 % Length of Ownership: 10 year +

Banking Information

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

Name of Bank: The Bank of Fayette

ABA Routing #: 084304337

Account #: 10053697

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ _____	Batch Out Time:	<u>6pm</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>\$500</u>	Terminal Type:	_____
High Ticket	<u>\$5000</u>	Pin Pad Type:	_____
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>20</u> %	Card Keyed In: <u>80</u> % = 100%	Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>20</u> %	Card Not Present: <u>80</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:		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

Version: 003