


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>	email to: applications@impactpays.net	
Copy of Drivers License	<input checked="" type="checkbox"/>		
Managing Partner Name: <u>T. Wright</u>			
Date Submitted: <u>5-15-20</u>			

Merchant Application Submission Form

Merchant (Business) DBA Name: Zondra Houston Well Services

Business Legal Name: EZ Wells Inc

Contact Name: Zondra Houston Contact Phone Number: 901 870 6575

Physical Address: 85 Deerfield Cv City, State, Zip: Somerville TN 38068

Phone Number: 901 870 6575 Fax Number: 901 813-8728

Email Address: ZondraHouston@aol.com Website:

Billing Address: Same City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 2/2014

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

Sole Prop Other: Federal Tax ID# 474429264 Refund Policy? Yes or No

Partnership Types of Goods Sold: Well Services

Ownership Information (Must be 51% or more)

Officer/Owners Name: Zondra Title: Social Security: 410 06 8885

Home Address: Same City, State, Zip Code:

Drivers License#: 066490386 Expiration Date: 10/1/20 State: TN

DOB: 10/01/70 Home Phone Number: 901 4663500

% of Business Owned: 100 % Length of Ownership: 6 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 FC

ABA Routing #: 084304337

Account #: 10095098

Estimated Sales Volume		Terminal Questions		
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>6 pm</u>	
Estimated Visa/MC/Discover Sales	\$	Communication Method:	IP-internet or Dial-phone <u>phone app</u>	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ <u>200</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	<u>200</u>	Terminal Type:	<u>phone app</u>	
High Ticket	\$ <u>300</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>USA ePay</u> Will need dongle Dee indicated will provide n/c		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 checked="" type="checkbox"/> No	

Version: 003

901 813-8728 Fax Bank of FC customer