| Attoched Required Document Checklist   | Fax to:   | 901-692-9499   | <i>T</i> .  |
|--|---|--|---|
| Voided Check   |   | email to:  |   |
| Copy of Drivers License  | ann   | lications@impactpays.net   | MPACT   |
| Managing Partner Name:   |   |  | ] [   |
| Date Submitted:  |   | Entranta de la companya del companya de la companya del companya de la companya d | Control Control Control and Assets Management Assets (Assets)   |
| N  | terchant Applicatio   | n Submission Form  | Consistent and property of the participal property of the last of |
| Merchant (Business) DBA Name: L+L  | Kentals, L  | nhC  |   |
| Business Legal Name: Lth Rentals   | whh   |  |   |
| Contact Name: Shrinnon Lambe   | Contact   | Phone Number: 731-61   | 0.9430  |
| Physical Address: 597 MW DECM A  | He City, Sta  | ite, zip: Selmer, TN   | 38375   |
| Phone Number: 731-434-0107   | Fax Nur   | nber:  |   |
|  | rail. Lon   | Website:   |   |
| 0 11 6 50  | A   |  | city: Jelmer  |
| Billing Address: 597 Mulberry Au   | X 20.55   |  | - JCILAKI   |
| State: TN Zip  | : 38375   |  |   |
|  | Busines   | з Туре   |   |
| Corporation - circle one: Private or Private   | ublic   | Business Start Date:   | May 2020  |
| LLC-circle one: Ccorp Scorp Part   | ner D disregarded   | entity   |   |
| Sole Prop DOther:  | deral Tax ID# 8   | 5-0948273  | Refund Policy? Yes or No  |
| n –  | pes of Goods Sold:  | Rent vehicles  |   |
| Construction of the Constr |   | (Must be 51% or more)  |   |
| Officer/Owners Name: Michael Lamb  | 7   | OWNER Social Security:   | 411-51-9728   |
|  |   |  | Jelmen, TN 38375  |
| Home Address: 1217 Country Clu   |   | . 12 - 12 - 2  |   |
| Drivers Licensell: 089428581   |   | on Date: 127 12025   | State: TN   |
| DOB: 4/13/1982   | Home P  |  | -6455   |
| % of Business Owned:%  | Length  | of Ownership: 8 MON  | ths   |
| APPENDING TO THE PROPERTY OF T | Banking Inf   | ormation   |   |
| Bank Reference (a copy of a v  | oided check or a DI   | A verification letter from the ba  | ank is required)  |
| Name of Bank   |   |  |   |
| ABA Routing #  |   |  |   |
| Account #  |   |  |   |
| Estimated Sales Volume   |   | Termi  | nal Questions   |
| Estimated Annual Sales (All sales) S Estimated Visa/MC/Discover Sales S Estimated Monthly Visa/MC/Discover/ AMEX Sales S Average Ticket S High Ticket S  |   | Batch Out Time:  |   |
|  |   | Communication Method: IP-internet or Dial-phone  |   |
|  |   | Do you dial 9 for outside line?  Yes - No  |   |
|  |   | Terminal Type: Pin Pad Type:   |   |
| First two sections must equal 100% respective  | Additional distriction of the last of the | Reprogram Terminal:  | □Yes - □No  |
| Card Swiped: % Card Keyed In:  | % = 100%  | Equipment Purchase:  | □Yes - □ No   |
| Card Present: % Card Not Present   | %=100%  | Equipment Rental Progra  |   |
| MOTO: % Internet:  | *   | PIN Debit Pin Pad:   | □Yes - □ No   |
| Notes:   |   | POS Software Integration   |   |
|  |   | Software Name & Version  |   |
|  |   | Next Day Funding:<br>Tip Edit:   | Yes - No  |
|  |   |  |   |