


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

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: C & N Cellular

Business Legal Name: Gary Mole

Contact Name: Olivia Haynes Contact Phone Number: 803-625-0680

Physical Address: 125 M.L. King Blvd City, State, Zip: Estill SC 29918

Phone Number: 803-625-0680 Fax Number:

Email Address: CandNCellular@gmail.com Website: ---

Billing Address: PO Box 174 City: Estill

State: SC Zip: 29918

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: 04/2017

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 57-1079106 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Cell phones (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Gary Mole Title: Owner Social Security: 251-27-5104

Home Address: 204 Ballard St City, State, Zip Code:

Drivers License#: 008025065 Expiration Date: 5/21/26 State: SC

DOB: 5/21/61 Home Phone Number: 803-943-6618

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

Banking Information ** No starter checks or deposit slips accepted **

Terminal Questions (Circle your answer)

Name of Bank	Batch Out Time: <u>6:00PM EST</u>
ABA Routing #	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type: <u>Valor 100</u>
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$5,000.00</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$600.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$1750.00</u>	Tip Edit: Yes <u>No</u>

First two sections must equal 100% respectively

Card Swiped: 98 % Card Keyed In: % =100%

Card Present: 2 % Card Not Present % =100%

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

Software Name & Version:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Notes: ship to C&N Auto
Valor \$24.95