

<b>Attached Required Document Checklist</b>		Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			
Managing Partner Name: <u>Kristi Sease</u>			
Date Submitted: <u>3-25-21</u>		Merchant Application Submission Form	
Merchant (Business) DBA Name: <u>Palmetto Hair Gallery</u>			
Business Legal Name: <u>Palmetto Hair Gallery</u>			
Contact Name: <u>Holly</u>		Contact Phone Number: <u>843 510 3015</u>	
Physical Address: <u>900 B n. Jeffries Blvd</u>		City, State, Zip: <u>Walterboro SC 29486</u>	
Phone Number:		Fax Number:	
Email Address: <u>HollyBackerman@yahoo.com</u>		Website:	
Billing Address: <u>same</u>		City:	
State:		Zip:	
Business Type			
<input type="checkbox"/> Corporation - circle one: Private or Public		Business Start Date: <u>12yrs</u>	
<input checked="" type="checkbox"/> LLC - circle one: Ccorp S corp P partner D disregarded entity		EIN/Federal Tax ID# <u>249732688</u>	
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:		Refund Policy? Yes or <u>No</u>	
<input type="checkbox"/> Partnership		Types of Goods Sold: <u>Hair Salon Services Products</u>	
Ownership Information (Must be 51% or more) *Might need information on all owners*			
Officer/Owners Name: <u>Holly Backerman</u>		Title:	
Home Address: <u>9111 Ashton Rd</u>		Social Security: <u>249732688</u>	
Drivers License#: <u>007515391</u>		City, State, Zip Code: <u>Lodge SC 29082</u>	
DOB: <u>4-30-76</u>		Expiration Date: <u>4-30-25</u>	
% of Business Owned: <u>100</u> %		State: <u>SC</u>	
		Home Phone Number: <u>843 510 3015</u>	
		Length of Ownership: <u>12yrs</u>	
Banking Information			
A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*			
Name of Bank: <u>REV FCU</u>			
ABA Routing #: <u>253278362</u>			
Account #: <u>326112390010</u>			
Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	
Estimated Annual Visa/MC/Discover/AMEX Sales	\$	Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Do you dial 9 for outside line? Yes - No	
Average Ticket	<u>50</u> \$ <u>95</u>	Terminal Type:	
High Ticket	<u>175</u> \$ <u>190</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal: Yes - No	
Card Swiped: <u>99</u> %	Card Keyed In: <u>1</u> % = 100%	Equipment Purchase: Yes - No	
Card Present: <u>99</u> %	Card Not Present: <u>1</u> % = 100%	Equipment Rental Program: Yes - No	
MOTO: %	Internet: %	PIN Debit Pin Pad: Yes - No	
Notes: <u>IBUXX</u> or Traditional		POS Software Integration: Yes - No	
<p><del>tip edit</del> tip edit option <del>needed</del>          needs          Batch as late as possible for NDF</p>		Software Name & Version:	
		Next Day Funding: Yes - No	
		Tip Edit: Yes - No	

