

Attached Document Checklist

Voided Check
 Copy of Drivers License

Fax to : 901-692-9499
 email to:
 statements@impactpays.net



Merchant Application Submission Form

Merchant DBA Name: Drasco Trading Post
 Merchant Legal Name: David J. Lee
 Physical Address: 6949 Heber Springs Rd City: Drasco
 State: AR Zip: 72530
 Phone Number: 870-668-3040 Fax Number:
 Email Address: sales@drascotradingpost.com Website: drascotradingpost.com
 Billing Address: PO Box 85 City: Drasco
 State: AR Zip: 72530

Business Type

Corporation State: AR Date Incorporated:
 Limited Liability % of Business Owned: 100 %
 Sole Prop
 Partnership Other
 Federal Tax ID# Business Start Date

Ownership Information

Officer/Owners Name: David Lee Social Security 551-84-9603
 Home Address: PO Box 85 City: Drasco State: AR
 Drivers License#: 900418251 Expiration Date: 03/11/24 State: AR
 DOB

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank Eagle's Bank + Trust Company
 City State Zip
 ABA Routing # 082001179
 Account # 000 272 3

Estimated Sales Volume		Terminal Configuration	
Estimated Annual Sales (All sales)	<u>450,000</u> \$ 500,000	Batch Time:	
Estimated Visa/MC/Discover Sales	\$	Communication Method:	
Estimated Amex Sales	\$	Dial <input type="checkbox"/> IP-Internet <input type="checkbox"/>	
Average Ticket	\$	Do you dial 9 for outside line?	
**Highest Ticket	\$	Terminal Type	
		Equipment Purchase <input type="checkbox"/>	
% Card Swiped	%	Equipment Replacement Program <input type="checkbox"/>	
% Card Keyed In	%	PIN Debit Pin Pad <input type="checkbox"/>	
% Card Present	%	POS SOFTWARE <input type="checkbox"/>	
% Card Not Present	%	Software Name	
% MOTO	%	Version	
% Internet	%		
% B2B	%		
% International Cards	%		

Surcharge Program

Managing Partner
 Managing Partner Name Jason + Lisa Taylor
 Date Submitted 9-27-19

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: