

Attached Required Document Checklist	Date Submitted:	Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>		email to: applications@impactpays.net	
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Altec Roofing

Business Legal Name: JPJ Companies, LLC

Contact Name: Jason Lovelady Contact Phone Number: 561-747-1990

Physical Address: 3134 45th St City, State, Zip: West Palm Beach, FL 33407

Phone Number: 561-747-1990 Fax Number: 561-747-1645

Email Address: jason@3jcp.com / lindsey@3jcp.com Website: www.altecroofing.com

Billing Address: Same as above City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 1984

LLC - circle one: C corp **S corp** P partner D disregarded entity Refund Policy: 30 days 60 days Other **None**

Sole Prop Other: EIN/Federal Tax ID# 47-2497969 Print Refund Policy on Footer: Yes No

Partnership Types of Goods Sold: Roof installation (If yes input message in notes)

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

Officer/Owners Name: Jason H. F. Lovelady Title: President Social Security: xxx-xx-8873

Home Address: 122 Turtle Creek Dr. City, State, Zip Code: Tequesta, FL 33469

Drivers License#: L143-428--72-068-0 Expiration Date: 2/28/2026 State: Florida

DOB: 2/28/1972 Home Phone Number: N/A

% of Business Owned: 100 % Length of Ownership: 8 years

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank Seacoast Bank	Batch Out Time: We are CNP. We have no terminals
ABA Routing # 067005158	Communication Method: IP-internet or Dial-phone
Account # 3362010239	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$ 8MM	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$ 1.2MM	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 100k	Equipment Rental Program: Yes No <input checked="" type="checkbox"/>
Average Ticket \$ 40k	Next Day Funding: Yes No <input checked="" type="checkbox"/>
High Ticket \$ 100k	Tip Edit: Yes No <input checked="" type="checkbox"/>

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: 25 % = 100%

Card Present: % Card Not Present 75 % = 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

POS Software Integration: Yes **No**

Software Name & Version:

Notes:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: