Voided Check Copy of Drivers License		statemen	email to: uts@impactpays.net	CIMPACT
Merchant Application Submission Form				
Merchant DBA Name: Smith Lake Flew Market & Vintage Hall				
Merchant Legal Name: Smith Lake Flea Market & Vintage Hall LLC				
Physical Address: (elles County Rd. 41 City: Arkey				
State: AL Zip: 35541				
Phone Number: 205 - 221 - 2111 Fax Number: WA				
Email Address: 3m An lake flow Marleta smillion Website: -				
Billing Address: 128 Mater	a lane		City: Ark	
State: ∧≀	Zip: 35	541	7)[(4
Business Type				
Corporation	State: A		Date Incorporated: 1/20	12019
Limited Liability	% of Busi	ness Owned:	_100%	1
Sole Prop Partnership	Other			
Federal Tax ID# \$3-322033	Other	Rusinoss	Start Data 3/11/2	10
Federal Tax ID# §3-3220338 Business Start Date 3/16/2019 Ownership Infromation				
Officer/Owners Name: Susan Darky Social Security 587-36- 1386				
Home Address: 128 Mateka		Oociai Sec		
	are		City: Arley	State: AL
Drivers License#: 486 2097		_Expiration	Date: $7/20$ State: A	(
DOB 11/12 (1950)				
Banking Information				
Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)				
Name of Bank Traders - F	armas	_		
City Arley		State L	Zip 35541	
ABA Routing # 0(2201990			,	
Account # 041106420			_	
Estimated Sales	Volume		Terminal Configuration	
Esitimated Annual Sales (All sales)		\$	Batch Time:	
Esitmated Visa/MC/Discover Sales		\$	Communication Method:	
Estimated Amex Sales		\$	Dial P-Internet	
Average Ticket		\$ \$	Do you dial 9 for outside line?	
**Highest Ticket		\$	Terminal Type	
% Cond Series		1	Equipment Purchase	_
% Card Swiped % % Card Keyed In %			Equipment Replacement Prog	ram 🔲
			PIN Debit Pin Pad	
%Card Present % % Card Not Present %			POS SOFTWARE	
% MOTO %			Software Name	
% Internet %			Version	
% Hiteritet				
% International Cards %				
Managing Partner			1	
Managing Partner Name				
Date Submitted				
	Int	ernal Use Or	nly	
Date Received:	IC + :		PCI:	Minimum:
	Trans Fee:		Statement:	Chargeback:
			• •	