

Attached Required Document Checklist

Voided Check

Business Verification Document


Copy of Drivers License

Managing Partner Name: Tricia Wright

Date Submitted: 5-5-21

Fax to: 901-692-9499

email to: applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Slingshot Charlies

Business Legal Name: Slingshot Charlies LLC

Contact Name: Bethye Milton Contact Phone Number: 901 603-9191

Physical Address: 1990 Center Point Drive City, State, Zip: MASON TN 38049

Phone Number: 901-603-9191 Fax Number: ---

Email Address: SlingshotCharlies@gmail.com Website: NO

Billing Address: 1970 Hwy 70 City: Arlington

State: TN Zip: 38002

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other:

Partnership

EIN/Federal Tax ID# 46 4781743 Refund Policy? Yes or (No)

Types of Goods Sold: Food-Restaurant

Business Start Date: 5-2014

Ownership Information (Must be 51% or more) *Might need information on all owners*

Officer/Owners Name: Bethye Milton Title: Owner Social Security: 413 96 7321

Home Address: 1990 Center Point Drive City, State, Zip Code: MASON TN 38049

Drivers License#: --- Expiration Date: ---

DOB: 4-29-52 Home Phone Number: 901-603-9191

% of Business Owned: 100 % Length of Ownership: 7 years

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

ABA Routing #

Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	<u>\$350K</u>	Batch Out Time:	<u>8:pm</u>
Estimated Annual Visa/MC/Discover/AMEX Sales	<u>\$</u>	Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$</u>	Do you dial 9 for outside line? Yes - No	
Average Ticket	<u>\$40</u>	Terminal Type:	
High Ticket	<u>\$100</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>100</u> % Card Not Present <u>0</u> % = 100%		Equipment Rental Program:	Yes - No
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No
<u>IBUXX</u> or Traditional		POS Software Integration:	Yes - No
Notes: <u>They want to manually Batch out themselves</u>		Software Name & Version:	Yes - No
		Next Day Funding:	Yes - No
		Tip Edit:	<u>Yes</u> - No

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-11-2014

Employer Identification Number:
46-4781743

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

SLING SHOT CHARLIES
BETTYE M MILTON SOLE MBR
1790 HIGHWAY 70
ARLINGTON, TN 38002

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4781743. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation in information in your account, or even

Sling Shot Charlie's LLC
1790 Highway 70
Arlington, TN 38002
901-687-3030

03-14

1223

85-27/653

*Pay to the
order of*

20 \$

Dollars



Security features
are included.
Details on back.

Trustmark National Bank

11915 Highway 70
Arlington, TN 38002

For

MP

⑆065300279⑆ ⑆6500245522⑆ 1223

SUE W CULVER
FAYETTE COUNTY CLERK

PO BOX 218
ROOM 101, COURTHOUSE
SOMERVILLE, TN 38068

LICENSE
0531423

STANDARD BUSINESS TAX LICENSE

Mailing

Location

4600 SLING SHOT CHARLIES LLC

1790 HWY 70
ARLINGTON, TN 38002

SLING SHOT CHARLIES

1790 HIGHWAY 70
ARLINGTON, TN 38036

BETTYE MILTON

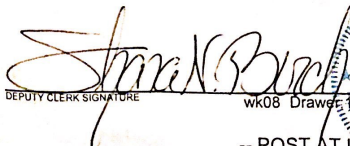
LOCAL ACCOUNT NUMBER 4600
STATE ACCOUNT NUMBER 173557398
TRANSACTION NUMBER _____
CLASS 02
SALES TAX NUMBER 0

ISSUE DATE 04/21/17
TAX PERIOD 1/1/2016 - 12/31/2016
PAYMENT DUE BY 4/15/2018
EXPIRATION DATE 05/15/2018

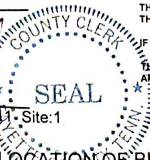
TO AVOID PENALTY, INTEREST, AND POTENTIAL ENFORCED COLLECTION ACTION, BUSINESS TAX RETURNS AND PAYMENTS MUST BE REMITTED TO THE TENNESSEE DEPARTMENT OF REVENUE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THIS LICENSE.

IF PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.

THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.


DEPUTY CLERK SIGNATURE

wk08 Drawer 11 Site:1



-- POST AT LOCATION OF BUSINESS --
IF BUSINESS CLOSES, MOVES, OR CHANGES OWNERS, NOTIFY THIS OFFICE

DRIVER LICENSE



Bettye M. Morrisson

USA
TN

Tennessee

THE VOLUNTEER STATE

DL NO. **040332901** DOB **04/29/1952**

EXP **03/07/2025** ISS **03/07/2017**

CLASS **D** END **NONE**

REST **01**

SEX **F** HGT **5'-04"** EYES **GRN**

DD **9011703071351103**



MILTON
BETTYE MORRISSON
1990 CENTERPOINT DR

MASON, TN 38049