

Attached Document Checklist

Voided Check
 Copy of Drivers License

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



Merchant Application Submission Form

Merchant (Business) DBA Name: Sheila Sisemore, PLC, LLC
 Business Legal Name: Sheila Sisemore
 Contact Name: Sheila Sisemore Contact Phone Number: 405 990-9373
 Physical Address: 1212 S. Air Depot Blvd City, State, Zip: MW, DC 73110
 Phone Number: 405 610-5885 Fax Number: 405 610-5886
 Email Address: sheilasisemore@gmail.com Website: sheilasisemoreplc.com
 Billing Address: 5 AA City:
 State: Zip:

Business Type

Corporation Business Start Date: 2005
 Limited Liability Business Type: LLC
 Sole Prop % of Business Owned: 100 % Length of Ownership: 14
 Partnership Other Types of Goods Sold:
 Federal Tax ID# 20812680 Refund Policy?

Ownership Information

Officer/Owners Name: Sheila Sisemore Title: owner Social Security:
 Home Address: 4300 Rosebud Ln City, State, Zip Code: Charlottesville VA 22904
 Drivers License#: M004575078 Expiration Date: 4-30-21 State: OK
 DOB: 4-8-1969 Home Phone Number: 405 990 9373

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank: Chase
 City: State: Zip:
 ABA Routing #
 Account #

Estimated Sales Volume

Terminal Questions

Estimated Annual Sales (All sales)	\$ <u>25,000</u>	Batch Out Time:	<u>7:30 P.M</u>
Estimated Visa/MC/Discover Sales	\$ <u>90%</u>	Communication Method:	
Estimated Amex Sales	\$ <u>10%</u>	Dial <input type="checkbox"/> IP-Internet <input checked="" type="checkbox"/>	
Average Ticket	\$ <u>50</u>	Do you dial 9 for outside line?	<u>NO</u>
**Highest Ticket	\$ <u>1500⁵⁰</u>	Terminal Type	<u>SEE PICS</u>
% Card Swiped	<u>90 %</u>	Equipment Purchase	<input type="checkbox"/> <u>EXISTING PURCHASE</u>
% Card Keyed In	<u>10 %</u>	Equipment Replacement Program	<input type="checkbox"/>
% Card Present	<u>90 %</u>	PIN Debit Pin Pad	<input type="checkbox"/> <u>YES</u>
% Card Not Present	<u>10 %</u>	POS SOFTWARE	<input type="checkbox"/> <u>NO</u>
% MOTO	%	Software Name & Version:	<u>NO</u>
% Internet	%	Next Day Funding (Yes or No):	<input checked="" type="checkbox"/>
% B2B	%	Tip Edit (Yes of No):	<input checked="" type="checkbox"/>
% International Cards	%		

Managing Partner

Managing Partner Name: Donna Mosae
 Date Submitted: 8-5-19

Internal Use Only

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

Oklahoma

Driver License

USA

Renewal

Lic. No: **M004575078**

Class: **D**

DOB: **04/08/1969**

Iss: **04/25/2017**

Exp: **04/30/2021**

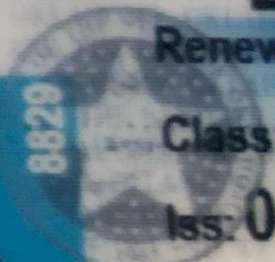
Restr: **NONE**

End: **NONE**

**SISEMORE HUSTON,
SHEILA**

**4300 ROSEBUD LANE
CHOCTAW, OK 73020-0000**

DOB: 04/08/1969



Sheila Sismore Huston

M004575078

Sex	Hgt	Wgt	Eyes
F	5'-06"	110 lb	BLU



DL

SHEILA C. SISEMORE LPC
1212 S. Air Depot Blvd STE 23
Midwest City, OK 73110
(405) 610-5885

39-64/1030

2061

Date _____


Pay to the order of _____

\$ _____

dollars



Security Features
Included.
Details on Back.

CHASE 

JPMorgan Chase Bank, N.A.
www.Chase.com

for _____

MP

⑆ 103000648⑆

69666 2204⑈ 2061