



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

Merchant Application Submission Form

Merchant (Business) DBA Name: *ServiceMaster Contract Services*

Business Legal Name: *MHC Inc dba*

Contact Name: *Harrison, Clark* Contact Phone Number: *207/848-0745*

Physical Address: *109 Freedom Parkway* City, State, Zip: *Herman, ME 04401*

Phone Number: *207/848-0745* Fax Number: *207/848-7281*

Email Address: *hc.lark@sumcontract.com* Website: *www.sumcontract.com*

Billing Address: *P O Box 1221* City: *Brunswick*

State: *Maine* Zip: *04402-1221*

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other:

Partnership

Business Start Date: *10/1/81*

Federal Tax ID# *01-0327778* Refund Policy? Yes or No

Types of Goods Sold: *janitorial services*

Ownership Information (Must be 51% or more)

Officer/Owners Name: *Harrison Clark* Title: *President* Social Security: *012-48-4791*

Home Address: *276 Washington St* City, State, Zip Code: *Brunswick ME 04412*

Drivers License#: *2802120* Expiration Date: *5/22/22* State: *ME*

DOB: *5/22/56* Home Phone Number: *207/989-6032*

% of Business Owned: *100 %* Length of Ownership: *39 yrs*

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: *Bar Harbor Bank & Trust*

ABA Routing #: *011201759*

Account #: *9800055320*

Estimated Sales Volume

Terminal Questions

Estimated Annual Sales (All sales)	\$ <i>2,200,000</i>	Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$ <i>7800</i>	Communication Method: IP-internet or Dial-phone	
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$ <i>400</i>	Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	\$ <i>200</i>	Terminal Type:	
High Ticket	\$	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: % Card Keyed In: <i>100 % = 100%</i>		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: % Card Not Present <i>100 % = 100%</i>		Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:		POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No

USA
ME

MAINE

DRIVER'S
LICENSE

Matthew Dunlap, Secretary of State



1 CLARK
2 MYRON HARRISON III
3 276 WASHINGTON ST
4 BREWER, ME 04412

4d
2802120

4a ISSUED 08/22/2016
4b EXPIRES 05/22/2022
15 GENDER M
16 HEIGHT 5'10"
17 WEIGHT 170
18 EYES BR
19 HAIR BR

9a CLASS C
12 REST

ORGAN
DONOR



Myron Harrison III



ServiceMaster Contract Services
 P.O. Box 1221
 Bangor, ME 04402-1221
 207/848-0745

Bar Harbor Bank & Trust
 52-1759/112

022289

DATE 9/7/2020

PAY TO THE ORDER OF: HONDA FINANCIAL SERVICES

\$502.49

Five Hundred Two and 49/100*****

HONDA FINANCIAL SERVICES
 P O BOX 7829
 PHILADELPHIA PA 19101-7829

MEMO

426294141

AUTHORIZED SIGNATURE

⑈022289⑈ ⑆011201759⑆ 9800 055 320⑈

ServiceMaster Contract Services

022289

HONDA FINANCIAL SERVICES
 9600 · INTEREST EXP
 2620 · NOTE PAYABLE - BANK:2620-06

9/7/2020

35.19
 467.30

BHBT Main Checking 426294141

502.49

ServiceMaster Contract Services

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