

Attached Document Checklist

Voided Check

Copy of Drivers License

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



Merchant Application Submission Form

Merchant DBA Name: Salon Liani

Merchant Legal Name: Salon Liani LLC

Physical Address: 1789 Kirby Pkwy # 2 City: Mem

State: Tn Zip: 38138

Phone Number: 901 683-0076 Fax Number:

Email Address: Salonliani@yahoo.com Website: SalonLiani.com

Billing Address: 1840 Stillwind Ln City: Collierville

State: Tn Zip: 38017

Business Type

Corporation State: Tn Date Incorporated: 1999

Limited Liability % of Business Owned: _____ %

Sole Prop

Partnership Other

Federal Tax ID# 821754168 Business Start Date 99

Ownership Information

Officer/Owners Name: Mark Amaglini Social Security 408-33-4140

Home Address: 1840 Stillwind Ln City: Collierville State: Tn

Drivers License#: 063459313 Expiration Date: 4-3-26 State: Tn

DOB 6/20/68

Banking Information

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

Name of Bank Cadence Bank

City Memphis State Tn Zip _____

ABA Routing # 062206295

Account # 10 13317

Estimated Sales Volume

Estimated Annual Sales (All sales) \$ _____

Estimated Visa/MC/Discover Sales \$ _____

Estimated Amex Sales \$ _____

Average Ticket \$ 200

**Highest Ticket \$ 1,000

% Card Swiped 98-99 %

% Card Keyed In 1-2 %

% Card Present _____ %

% Card Not Present _____ %

% MOTO 0 %

% Internet 0 %

% B2B 0 %

% International Cards 0 %

Terminal Configuration

Batch Time: 5-6pm

Communication Method:

Dial IP-Internet

Do you dial 9 for outside line? _____

Terminal Type _____

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name _____

Version _____

Managing Partner

Managing Partner Name Alicia Wright

Date Submitted 5-13-19

Internal Use Only

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

THE VOLUNTEER STATE

DL NO. **063459313**

DOB **06/20/1968**

EXP **04/03/2026**

ISS **04/03/2018**

CLASS **D**

END **NONE**

REST **NONE**

SEX **M** HGT **5'-08"** EYES **BRO**

DD **0371804031445683**

DL



SALON LIANI LLC
1789 KIRBY PARKWAY SUITE 2
GERMANTOWN, TN 381383657

DATE _____

PAY
TO THE
ORDER OF _____
