


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

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: ROLLING THUNDER CYCLE SERVICE, LLC

Contact Name: SHERRI BERGERSON **Contact Phone Number:** (731) 688-0010

Physical Address: 10980 ST. RT 280 S **City, State, Zip:** ENVILLE, TN. 38332

Phone Number: (731) 688-0010 **Fax Number:**

Email Address: rollingthunderco@gmail.com **Website:**

Billing Address: P.O. BOX 7 **City:** ENVILLE

State: TN. **Zip:** 38332

Business Type

Corporation - circle one: Private or Public **Business Start Date:** 4/16/2024

LLC - circle one: C corp S corp P partner D disregarded entity **Refund Policy:** 30 days 60 days Other None

Sole Prop **Other:** **EIN/Federal Tax ID#** 99-2518337 **Print Refund Policy on Footer:** Yes No

Partnership **Types of Goods Sold:** (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: DONALD C LESLIE JR **Title:** OWNER **Social Security:** 263-57-6235

Home Address: 944 BEAR CREEK RD **City, State, Zip Code:** PINSON, TN 38366

Drivers License#: 119060818 **Expiration Date:** **State:** TN

DOB: 2/19/59 **Home Phone Number:** (909) 553-0135

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

Banking Information ** No starter checks or deposit slips accepted **	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: 7 PM
ABA Routing #	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$375K	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$250K	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$550 ⁰⁰	Next Day Funding: Yes No
High Ticket \$2600.00	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: _____%
Card Present: % Card Not Present % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes:	MP/AP Name:
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: