Attached Required Document Che				to : 901-692-9499		<u>ے</u>	Version:007.16
Voided Check	Submitted:		email to:				
Business Verification Document Copy of Drivers License		11202023	applicatio	applications@impactpays.net			APACT
Merchant Application Submission Form							
Merchant (Business) DBA Name:	Stoney Creek Cigars						
Business Legal Name:	Crescent Mountain, Ilc Website: stoneycreekcigarssouth.com						garssouth.com
Contact Name:	Allison Blake			Contact Phone Number:		8036650022	
Physical Address:	1188 Cabot Bay Drive					Lexington, SC 29072	
-	-					Phone #:	
Email Address:	118 Cabot Bay Drive			City, State, Zip:			20072
Billing Address:		•		City, State, Zip.		-	
Biz Phone #:	8036650022 Biz Fax #:				EIN/Tax ID #:	83-0803076	
		_	Business		07/04004	<u>_</u>	
Corporation - Pick One:		Туре:	LLC	Bus Open Date:	us Open Date: 07/012018 (If yes input refund me		
Refund Policy:	Other Print Policy:			No	(ii yes input	Teluliu message)	
Types of Goods Sold:							
tobacco and accessories							
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form							
Officer/Owners Name:	Allison Blake			Title: ^{Owner}		Social Security:	251351377
Home Address:	118 Cabot Bay Drive			City, State, Zip Code:		Lexington, SC	29072
Drivers License#:	0072050	075	Exp Date:	02282031		State Issued:	SC
DOB:	0826197	75	Home Phone#:	8036650022			
% of Business Owned:	¹⁰⁰ % Length of Ownership:			5.5 years			
Banking Information ** No start	er checks	or deposit slips	Terminal Questions (Circle your answer)				
Name of Bank	Wells Fargo			Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #	053207766			Communication Method: IP-Internet (WiFi)			
Account #	Account # 2873929638			Do you dial 9 for outside line? Dial (Phoneli			
Estimated Sales Volume					inal Type:		
Estimated	Annual Sa	ales (All sales)	\$ 70,000	Reprogram	Terminal:		
Estimated Visa/MC/Discover Sales				Equipment	Purchase:		
Estimated Monthly Visa/MC/Discover/AMEX Sales \$				Equip. Rental	Program:		
Average Ticket \$				Next Day	/ Funding:		
High Ticket \$					Tip Edit:	Yes	
First two sections must equal 100% respectively				EBT:	No	FNS Number:	
Card Swiped: % Card Ke	yed In:	% =100)% 0	Tax Calculation:	yes		If so tax rate:
Card Present: % Card Not Present % =100% ⁰				Softwa	are or POS	Integration Qu	uestions Only
MOTO: % Internet: %				POS Software Integration:			
Program Type:				Software Name & Version:			
Notes:				MP/AP Name:			
				RP Name:			
				Pricing Provided:			
Receipt Header Message:							
Receipt Footer Message:							
neceipt i ootei message.							