

Attached Required Document Checklist

- Voided Check
- Business Verification Document
- Copy of Drivers License

Date Submitted: 2-21-24 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: VINTAGE ON MAIN
 Business Legal Name: VINTAGE ON MAIN
 Contact Name: TAMMY WARREN Contact Phone Number: 901-281-5051
 Physical Address: 125 N MAIN ST City, State, Zip: BRIGHTON TN 38011
 Phone Number: 901-837-2538 Fax Number: 901-617-2328
 Email Address: Sweetpea6238@aol.com Website:
 Billing Address: Same City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 2-6-24
 LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None
 Sole Prop Other: Partnership
 EIN/Federal Tax ID# 99-1152236 Print Refund Policy on Footer:
 Yes No
 Types of Goods Sold: ANTIQUES (if yes input message in notes)

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

Officer/Owners Name: TAMMY L WARREN Title: PRES Social Security: 408-29-1437
 Home Address: 625 PLANTATION Rd City, State, Zip Code: MUNFORD TN 38058
 Drivers License#: 054003188 Expiration Date: 9-11-25 State: TN
 DOB: 9-20-62 Home Phone Number: 901-281-5051
 % of Business Owned: _____ % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: Regions Batch Out Time: 7:00
 ABA Routing #: 064000017 Communication Method: IP-Internet or Dial-phone
 Account #: 0342778255 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales) <u>See old merchant</u>	\$	Reprogram Terminal: <input checked="" type="radio"/> Yes <input type="radio"/> No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase: Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program: <input checked="" type="radio"/> Yes <input type="radio"/> No
Average Ticket	\$	Next Day Funding: <input checked="" type="radio"/> Yes <input type="radio"/> No
High Ticket	\$	Tip Edit: Yes <input type="radio"/> No <input checked="" type="radio"/>

First two sections must equal 100% respectively

Card Swiped: 98 % Card Keyed In: 2 % = 100% Tax Calculation: Yes No If so tax rate: _____ %
 Card Present: 98 % Card Not Present 2 % = 100%

MOTO: % Internet: %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 POS Software Integration: Yes No

Notes: WE NEED TO BILL ON LINE + SEND A LINK TO INVOICE ~~AND SEND~~
 MP/AP Name: Copeland
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: VINTAGE ON MAIN
 Receipt Footer Message: THANK YOU FOR SHOPPING WITH US