


<b>Attached Required Document Checklist</b>		Fax to : 901-692-9499		
Voided Check		email to: <b>applications@impactpays.net</b>		
Business Verification Document				
Copy of Drivers License				
Managing Partner Name:		Date Submitted:		
<b>Merchant Application Submission Form</b>				
Merchant (Business) DBA Name: <u>Drs. Smith + Tutor</u>				
Business Legal Name: <u>Drs. Smith + Tutor PLLC</u>				
Contact Name: <u>Jenni Otten</u>		Contact Phone Number: <u>901-685-8090</u>		
Physical Address: <u>766 S. White Station, Suite 1</u>		City, State, Zip: <u>Memphis, TN 38117</u>		
Phone Number: <u>901-685-8090</u>		Fax Number: <u>901-684-1662</u>		
Email Address: <u>j10@memphisoralsurgery.com</u>		Website:		
Billing Address: <u>766 S. White Station, Suite 1</u>				City: <u>Memphis</u>
State: <u>TN</u>		Zip: <u>38117</u>		
<b>Business Type</b>				
<input type="checkbox"/> Corporation - circle one: Private or Public		Business Start Date: <u>1979</u>		
<input checked="" type="checkbox"/> LLC - circle one: C corp S corp P partner D disregarded entity				
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:		EIN/Federal Tax ID#: <u>62-1388934</u>	Refund Policy? Yes or No	
<input type="checkbox"/> Partnership		Types of Goods Sold: <u>health services - oral surgery</u>		
<b>Owner Information</b>				
Officer/Owners Name: <u>Robert Smith</u>		Title: <u>Owner</u>	Social Security: <u>409-04-4394</u>	
Home Address: <u>1506 N. D. Sgah Rd</u>		City, State, Zip Code: <u>Cordova TN 38016</u>		
Drivers License: <u>045257401</u>		Expiration Date: <u>05-09-2025</u>	State: <u>TN</u>	
DOB: <u>6/28/1957</u>		Home Phone Number: <u>901-351-5297</u>		
% of Business Owned: <u>50 %</u>		Length of Ownership: <u>42 years</u>		
<b>Banking Information</b>				
A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*				
Name of Bank: <u>Renaissance Bank</u>				
ABA Routing #: <u>084201294</u>				
Account #: <u>5340001155</u>				
<b>Estimated Sales Volume</b>			<b>Terminal Ordering</b>	
Estimated Annual Sales (All sales)		\$	Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales		\$	Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales		<u>\$15,000</u>	Do you dial 9 for outside line? Yes - No	
Average Ticket		<u>\$600.00</u>	Terminal Type:	
High Ticket		\$	Pin Pad Type:	
<b>Payment Method</b>			Reprogram Terminal: Yes - No	
Card Swiped: <u>100</u> %	Card Keyed In: % = 100%		Equipment Purchase: Yes - No	
Card Present: %	Card Not Present: % = 100%		Equipment Rental Program: Yes - No	
MOTO: %	Internet: %		PIN Debit Pin Pad: Yes - No	
IBUXX or <u>Traditional</u>			POS Software Integration: Yes - No	
Notes:			Software Name & Version:	
			Next Day Funding: Yes - No	
			Tip Edit: Yes - No	
Version: 004				