


<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>	Business Verification Document <input type="checkbox"/>	email to: applications@impactpays.net		
Copy of Drivers License <input type="checkbox"/>			Version: 005	

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Dr. Smith & Ivers

Business Legal Name: Same

Contact Name: Jenni Otten Contact Phone Number: 901 352 9111

Physical Address: 766 S. White Station City, State, Zip: Memphis, TN

Phone Number: 901-685-8090 Fax Number:

Email Address: JLO@memphisoral/surgery.com Website:

Billing Address: Same City:

State: Zip:

**Business Type**

Corporation - circle one: Private or Public

LTC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: Partnership

EIN/Federal Tax ID# 93-1898480

Types of Goods Sold: Coral Surgery

Business Start Date: 7/1/23

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No (if yes input message in notes)

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

Officer/Owners Name: Robert Smith Title: Owner Social Security: 409-04-4394

Home Address: 1566 N. Pisgah Rd City, State, Zip Code: Cordova, TN 38016

Drivers License#: 045257401 Expiration Date: 5/9/2025 State: TN

DOB: 6/28/1957 Home Phone Number: 901-351-5297

% of Business Owned: 50 % Length of Ownership: 7/1/23 - New

<b>Banking Information ** No starter checks or deposit slips accepted**</b>	<b>Terminal Questions (Circle your answer)</b>
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Name of Bank	Batch Out Time: <u>at 5:00pm</u>
ABA Routing #	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
<b>Estimated Sales Volume</b>	Terminal Type: <u>Valor 100</u>
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: <u>Yes</u> No <u>\$249.00</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ <u>15K</u>	Equipment Rental Program: Yes <u>No</u>
Average Ticket \$ <u>600.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>3000</u> \$ <u>8000</u>	Tip Edit: Yes No

**First two sections must equal 100% respectively**

Card Swiped: <u>98</u> % Card Keyed In: <u>2</u> % = 100%	EBT: Yes No FNS Number:
Card Present: % Card Not Present % = 100%	Tax Calculation: Yes No If so tax rate: %
MOTO: % Internet: %	<b>Software or POS Integration Questions Only</b>
<u>Traditional</u> IBUXX SimpleBuxx PrimeBuxx	POS Software Integration: Yes No
Notes:	Software Name & Version:

Notes: Valor - Purchase \$249.00

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Dr Ivers Buchanan@Ivers@gmail.com Franklin Kue638@comcast.net  
Robert Smith