


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			
Managing Partner Name: <u>Clinton Ashley Bishop</u>			
Date Submitted: <u>8/13/20</u>			

Merchant Application Submission Form

Merchant (Business) DBA Name: Dents Away, LLC

Business Legal Name: Dents Away, LLC

Contact Name: C. Ashley Bishop Contact Phone Number: 901-674-6094

Physical Address: 327 E. 74th Street City, State, Zip: Lubbock, TX 79404

Phone Number: 210-853-2488 Fax Number: 901-388-4441

Email Address: dentsaway.genie@gmail.com Website:

Billing Address: 4920 Elmore Rd. City: Memphis

State: Tennessee Zip: 38128

Business Type

<input type="checkbox"/> Corporation - circle one: Private or Public	Business Start Date:
<input checked="" type="checkbox"/> LLC - circle one: C corp S corp <u>P partner</u> D disregarded entity	<u>June 1st, 2020</u>
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:	Federal Tax ID# <u>85-2099956</u> Refund Policy? <input checked="" type="checkbox"/> Yes or No
<input type="checkbox"/> Partnership	Types of Goods Sold: <u>Automotive Body Repair + Painting</u>

Ownership Information (Must be 51% or more)

Officer/Owners Name: Clinton Ashley Bishop Title: Owner Social Security: 409-55-0599

Home Address: 905 Maria Street City, State, Zip Code: Memphis, TN 38122

Drivers License#: TNDL 075430574 Expiration Date: 03/22/2027 State: TN

DOB: 03/12/1974 Home Phone Number: 901-674-6094

% of Business Owned: 33 1/3 % Length of Ownership:

Banking Information


Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: Bancorpsouth

ABA Routing #: 084300603

Account #: 0077557072

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	<u>\$1,920,000.00</u>	Batch Out Time:	<u>10:00 PM</u>
Estimated Visa/MC/Discover Sales	<u>\$800,000.00</u>	Communication Method:	<input type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$65,000.00</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Average Ticket	<u>\$9,000.00</u>	Terminal Type:	
High Ticket	<u>\$12,000.00</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:		POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No

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Copy of Drivers License <input checked="" type="checkbox"/>			
Managing Partner Name: <u>David R. Brennan</u>			
Date Submitted: <u>8/24/2020</u>			

Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: Dents Away, LLP

Contact Name: David R. Brennan Contact Phone Number: 210-853-2488

Physical Address: 327 E. 74th Street City, State, Zip: Lubbock, TX 79404

Phone Number: 210-853-2488 Fax Number: _____

Email Address: dentsaway.genie@gmail.com Website: _____

Billing Address: 4920 Elmore Rd. City: Memphis

State: TN Zip: 38128

Business Type

Corporation - circle one: Private or Public Business Start Date: June 1, 2020

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

Sole Prop Other: _____ Federal Tax ID# 85-2099956 Refund Policy? Yes or No

Partnership Types of Goods Sold: Autobody Repair + Painting

Ownership Information (Must be 51% or more)

Officer/Owners Name: David R. Brennan Title: _____ Social Security: 361-54-5055

Home Address: 910 Redbird Lane City, State, Zip Code: Allen, TX 75013

Drivers License#: 12037500 Expiration Date: 06/20/2023 State: TX

DOB: 06/20/1967 Home Phone Number: 1-214-682-1546

% of Business Owned: 33 1/3 % Length of Ownership: 3 months

Banking Information


Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank _____

ABA Routing # _____

Account # _____

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$		Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$		Communication Method: IP-internet or Dial-phone	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	\$		Terminal Type:	
High Ticket	\$		Pin Pad Type:	
First two sections must equal 100% respectively			Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: % Card Keyed In: % = 100%			Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: % Card Not Present % = 100%			Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %			PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:			POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
			Software Name & Version:	
			Next Day Funding:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
			Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No

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Voided Check <input type="checkbox"/>		email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			
Managing Partner Name: <u>Michael P Simans</u>			
Date Submitted: <u>8/24/2020</u>			

Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: Dents Away, LLC

Contact Name: Michael P. Simans **Contact Phone Number:** 210-853-2488

Physical Address: 327 E. 74th Street **City, State, Zip:** Lubbock, TX 79404

Phone Number: 210-853-2488 **Fax Number:** _____

Email Address: dentsaway.genie@gmail.com **Website:** _____

Billing Address: 4920 Elmire Rd **City:** Memphis

State: TN **Zip:** 38128

Business Type

<input type="checkbox"/> Corporation - circle one: Private or Public	Business Start Date: <u>June 1, 2020</u>
<input checked="" type="checkbox"/> LLC - circle one: C corp S corp <u>P partner</u> D disregarded entity	
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:	Federal Tax ID# <u>85-2099956</u> Refund Policy? <input checked="" type="checkbox"/> Yes or No
<input type="checkbox"/> Partnership	Types of Goods Sold: <u>Autobody repair + Painting</u>

Ownership Information (Must be 51% or more)

Officer/Owners Name: Michael Simans **Title:** Owner **Social Security:** 255-57-5680

Home Address: 9028 Vance St. Apt. 105 **City, State, Zip Code:** Westminster CO 80021

Drivers License#: 14-248-1055 **Expiration Date:** 04/16/2024 **State:** CO

DOB: 04/16/1975 **Home Phone Number:** 1-720-518-4985

% of Business Owned: 33 1/3 % **Length of Ownership:** 3 months

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank _____

ABA Routing # _____

Account # _____

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$		Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$		Communication Method: IP-internet or Dial-phone	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	\$		Terminal Type:	
High Ticket	\$		Pin Pad Type:	
<small>First two sections must equal 100% respectively</small>			Reprogram Terminal: <input type="checkbox"/> Yes - <input type="checkbox"/> No	
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