Attached Required Document Checklist	Fax to : 901-69	2-9499				
Voided Check Copy of Drivers License		email to:	SIABACT			
Managing Partner Name: Clinton Ashley Bisher	application	ons@impactpays.net	IMPACI			
Date Submitted: 813/20	,		- PATRENT PARTNERS -			
Merchant Application Submission Form						
Merchant (Business) DBA Name: Dents Away, LLC						
Business Legal Name: Dents Away, LLC						
Contact Name: C. Ash ey 26 shop Contact Phone Number: 901-674-6094						
Physical Address: 327 E.07445 Street City, State, Zip: Lubbock, TX 79404						
Phone Number: 210 - 853-2488 Fax Number: 901-388-4441						
Email Address: dentsaway, genie@gn	rail.com	Website:				
Billing Address: 4920 Elmore for	Rd,	4.	City: Mamphis			
State: Tennessee zip: 381	28		1			
· Balling	usiness Type					
Corporation - circle one: Private or Public		Business Start Date:				
LLC - circle one: C corp S corp P partner D disregar	ded entity	June 151, 2	020			
Sole Prop Other: Federal Tax ID:	* 85-20	099956	Refund Policy? Yes or No			
Partnership Types of Goods	s sold: Autor	notive Body R	legair trainting			
Ownership Inform	ation (Must be	51% or more)	•			
Officer/Owners Name: Clinton Ashley Bishop	Title: Own	er Social Security:	409-55-0599			
Home Address: 905 Maria Stret		City, State, Zip Code:	emohis, TN 3812			
Drivers License#: TNDL 075430574 Expiration Date: 03/22/2027 State: TN						
DOB: 03/12/1974	Home Phone N	umber: 901-674	1-6094			
% of Business Owned: 33/3%	Length of Own	ership:				
	ing information	1				
Bank Reference (a copy of a voided check			s required)			
Name of Bank Bancor Douth		and retter from the burner.	regardy			
ABA Routing # 084300603						
Account # 00 1 1 55 1 0 1 2						
Estimated Sales Volume	61 900 DOA		d Questions			
Estimated Annual Sales (All sales) Estimated Visa/MC/Discover Sales			PM			
Estimated Worthly Visa/MC/Discover/ AMEX Sales			IP-internet or Dial-phone			
Average Ticket		Do you dial 9 for outside li Terminal Type:	ne? La Yes - La No			
High Ticket	\$9,000.00	Pin Pad Type:	,			
First two sections must equal 100% respectively	\$12,000.00	Reprogram Terminal:	☐ Yes - ☐ No			
Card Swiped: 95 % Card Keyed In: 5 % = 100%		Equipment Purchase:	☐ Yes - ☐ No			
Card Present: 95 % Card Not Present 5 % =100%		Equipment Rental Program				
MOTO: % Internet: %		PIN Debit Pin Pad:	☐ Yes - ☐ No			
Notes:		POS Software Integration:	Yes - No			
		Software Name & Version:				
		Next Day Funding:	☐ Yes - ☐ No			
#CCC		Tip Edit:	☐ Yes - ☐ No			
			Version: 003			

Attached Required Document Checklist	Fax to : 901-692-9499			
Voided Check	email to:			
Copy of Drivers License	applications@impactpays.net			
Managing Partner Name: David R. Brennan	— PAYMENT PARTHERS —			
Date Submitted: 8/24/2020 Merchant App	plication Submission Form			
Merchant (Business) DBA Name:				
Business Legal Name: Dents Away, LL	D'			
	Contact Phone Number: 210-853-2488			
301111111111111111111111111111111111111	Fax Number:			
Phone Number: 210 - 853 - 2488				
Email Address: dentsaway, genie@gmai				
Billing Address: 4920 Elmère Rd.	city: Memphis			
State: TV Zip: 381	128			
B B	Business Type			
Corporation - circle one: Private or Public	Business Start Date: Wm 1, 2020			
LLC - circle one: C corp S corp (P partner) D disregar				
Sole Prop Other: Federal Tax ID#	# 85-2099956 Refund Policy? (es)or No			
gament	Is sold: Autobody Renair + Painting			
	nation (Must be 51% or more)			
Officer/Owners Name: David K. Brennam				
Home Address: 910 Redbird Lane	City, State, Zip Code: Allen TX 75013			
1002100	Expiration Date: 06/20/2033 State: TX			
0/ /2.1.0/4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
221/2	2 11			
	Length of Ownership: ろかむがん			
	king Information			
Bank Reference (a copy of a voided check of	or a DDA verification letter from the bank is required)			
Name of Bank				
ABA Routing #				
Account #	`			
Estimated Sales Volume	Terminal Questions			
	\$ Batch Out Time:			
	\$ Communication Method: IP-internet or Dial-phone \$ Do you dial 9 for outside line? Yes - No			
Average Ticket	\$ Do you dial 9 for outside line? Yes - No \$ Terminal Type: \$ Pin Pad Type:			
High Ticket	\$ Pin Pad Type:			
First two sections must equal 100% respectively	Reprogram Terminal: Yes - No			
Card Swiped: % 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			
Notes:	POS Software Integration: Yes - No			
	Software Name & Version:			
	Next Day Funding: Yes - No			
	Tip Edit: Yes - No			
	Version: 003			

Attached Required Document Checklist	Fax to : 901-69	92-9499			
Voided Check					
Copy of Drivers License		email to:	PIMPACT		
Managing Partner Name: Michael P Simons	application	ons@impactpays.net	— PAYMENT PARTHERS —		
Date Submitted: \$19412000					
Merchant Application Submission Form					
Merchant (Business) DBA Name:					
Business Legal Name: Dents Away 110	1				
Contact Name: Michael P. Sinans Contact Phone Number: 210-853-2488					
Physical Address: 327 E. 7445 Street City, State, Zip: Lubbock, TX 79404					
Phone Number: 210 - 853 - 2488 Fax Number:					
Email Address: dentsaway. genic @ all	nail com	Website:			
Billing Address: 4920 Elmbre Rd	K		City: Manshin		
	128		i G p w		
	Business Type				
Corporation - circle one: Private or Public		Business Start Date:	e1,2020		
LLC - circle one: C corp S corp P partner D disrega	arded entity				
Sole Prop Other: Federal Tax II	o# 85-20	099956	Refund Policy? Yes or No		
Partnership Types of Good	ds Sold: Aw	tobody repa	ir + Painting		
Ownership Infor	mation (Must be	7			
Officer/Owners Name: Michael Sirmans	Title: Ound	Social Security:	255-57-5680		
Home Address: 9028 Vance St. Apr	1. 105	City, State, Zip Code: / Des	tminster, co 800 a		
Drivers License#: 14-248-1055	Expiration Date	e: 04/16/2024	State: CD		
DOB: 04/16/1975	Home Phone N	lumber: 1- 720 -	518-4985		
721/		~ 7	a a a		
	Length of Own		2		
	iking Informatio	n diameter			
Bank Reference (a copy of a voided check or a DDA verification letter from the bank is <u>required</u>)					
Name of Bank					
ABA Routing #					
Account #					
Estimated Sales Volume		Termina	al Questions		
Estimated Annual Sales (All sales)	\$	Batch Out Time:	1.0		
Estimated Visa/MC/Discover Sales	\$		IP-internet or Dial-phone		
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ \$ \$ \$	Do you dial 9 for outside li	ne? Yes - No		
Average Ticket	\$	Terminal Type:			
High Ticket	, Ş	Pin Pad Type:	Table Services		
First two sections must equal 100% respectively		Reprogram Terminal:	☐ Yes - ☐ No		
Card Swiped: % Card Keyed In: % = 100%		Equipment Purchase:	Yes - No		
Card Present: % Card Not Present % =100%	The state of the s	Equipment Rental Progran	F		
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No		
Notes:		POS Software Integration:	Yes - No		
		Software Name & Version:	********		
		Next Day Funding:	Yes - No		
	ĺ	Tip Edit:	☐ Yes - ☐ No -		
			Version: 003		