

**Attached Required Document Checklist**

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

Fax to : 901-692-9499

email to:  
applications@impactpays.net



Managing Partner Name: Ron Fernandez

Date Submitted: 12-11-2020

**Merchant Application Submission Form**

Merchant (Business) DBA Name: DENTISTRY FOR YOU SAND SPRINGS

Business Legal Name: BUCCAL UP DENTAL SAND SPRINGS

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Physical Address: 325 WASHINGTON AVE City, State, Zip: SAND SPRINGS, OK 74063

Phone Number: 918-245-0224 Fax Number: 918-245-0534

Email Address: SMILE SAND SPRINGS @ GMAIL . COM Website: \_\_\_\_\_

Billing Address: 325 WASHINGTON AVE City: SAND SPRINGS

State: OK Zip: 74063

**Business Type**

Corporation - circle one: Private or Public

Business Start Date: 11-24-2020

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

Sole Prop  Other:

EIN/Federal Tax ID# 85-4027371

Refund Policy? Yes  or No

Partnership

Types of Goods Sold: DENTISTRY

**Ownership Information (Must be 51% or more) \*Might need information on all owners\***

Officer/Owners Name: MITCHELL HOOPES Title: DENTIST Social Security: 442-84-5503

Home Address: 4647 S. QUINCY PLACE City, State, Zip Code: TULSA, OK 74105

Drivers License#: E 080 187 335 Expiration Date: 10-31-2023 State: \_\_\_\_\_

DOB: 4-11-1984 Home Phone Number: \_\_\_\_\_

% of Business Owned: 100 % Length of Ownership: 12-2-2020

**Banking Information**

A copy of a voided check or a signed verification letter from the bank is required. \*No Starter Checks Accepted\*

Name of Bank: FIRSTSTAR BANK

ABA Routing #: 103 101 262

Account #: 401 484 05

**Estimated Sales Volume**

Estimated Annual Sales (All sales) \$800,000  
 Estimated Annual Visa/MC/Discover/ AMEX Sales \$120,000  
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$10,000  
 Average Ticket \$287  
 High Ticket \$2500

**Terminal Questions**

First two sections must equal 100% respectively

Card Swiped: 99 % Card Keyed In: 1 % = 100%  
 Card Present: 100 % Card Not Present 0 % = 100%

MOTO: \_\_\_\_\_ % Internet: \_\_\_\_\_ %  
IBUXX or Traditional

Notes:

Batch Out Time: \_\_\_\_\_  
 Communication Method: IP-internet Dial-phone WIFI  
 Do you dial 9 for outside line? Yes - No  
 Terminal Type: \_\_\_\_\_  
 Pin Pad Type: \_\_\_\_\_  
 Reprogram Terminal: Yes - No  
 Equipment Purchase: Yes - No  
 Equipment Rental Program: Yes - No  
 PIN Debit Pin Pad: Yes - No  
 POS Software Integration: Yes - No  
 Software Name & Version: \_\_\_\_\_  
 Next Day Funding: Yes - No  
 Tip Edit: Yes - No

OFFICE OF THE SECRETARY OF STATE



**PROFESSIONAL CERTIFICATE  
OF  
LIMITED LIABILITY COMPANY**

*WHEREAS, the Articles of Organization of*

**BUCCAL UP DENTAL SAND SPRINGS PLLC**

*an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
24th day of November, 2020.*

*Bruce Blanton*

*Secretary of State*



# ORlahoma

## Driver License

USA



*W. Hoopes*

7262

DOB: 04/11/1984

Renewal

Class: D

Iss: 10/28/2019

Restr: NONE

HOOPES,

MITCHELL JAY

4647 S QUINCY PL

TULSA, OK 74105-0000

*W. Hoopes*

Lic. No: E080187335

DOB: 04/11/1984

Exp: 10/31/2023

End: NONE

Sex	Hgt	Wgt	Eyes
M	5'-08"	160 lb	GRN

E080187335



# DL



DENNISREY For You SAND SPRINGS

325 WASHINGTON AVE

SAND SPRINGS, OK 74063

86-126/1031

Pay to the  
Order of \_\_\_\_\_

*[Handwritten Signature]*

\_\_\_\_\_  
Date

\$ 0.00

Dollars



Security Features Details on Back



FIRST STAR BANK

www.firststar-bank.com

For \_\_\_\_\_

⑆103101262⑆ ⑆ 40148405⑆

MP