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Attached Required Document Checklist		Date Submitted: <u>3/10/22</u>	Fax to: 901-692-9499		Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: <u>applications@impactpays.net</u>			
Copy of Drivers License <input checked="" type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: Claxton's Auction CC LLC

Contact Name: William Claxton Contact Phone Number: 843-909-4285

Physical Address: 18685 lowcountry Hwy City, State, Zip: Ruffin SC 29475

Phone Number: 843-866-2500 Fax Number: _____

Email Address: WLCJR@yahoo.com Website: _____

Billing Address: 18685 lowcountry Hwy City: Ruffin

State: SC Zip: 29475

843-866-2500

Business Type

Corporation - circle one: Private or Public

Business Start Date: 2007

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

Refund Policy: 30 days 60 days Other None

Sole Prop Other: _____

Partnership Goats

EIN/Federal Tax ID# 26-1108612

Print Refund Policy on Footer: Yes No

Types of Goods Sold: S Animals Merch. (If yes input message in notes)

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

Officer/Owners Name: William L Claxton Title: owner Social Security: 250 968853

Home Address: 18685 lowcountry Hwy City, State, Zip Code: Ruffin SC 29475

Drivers License#: 004554881 Expiration Date: 07/18/26 State: SC

DOB: 7/18/51 Home Phone Number: 843-909-4285

% of Business Owned: 100 % Length of Ownership: 100

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: South State Batch Out Time: 7:00

ABA Routing #: 063114030 Communication Method: IP-internet or Dial-phone

Account #: 8010000491671 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>\$25000</u>	Reprogram Terminal:	Yes <u>No</u>
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes <u>No</u>
Estimated Monthly Visa/MC/Discover / AMEX Sales	<u>\$2000</u>	Equipment Rental Program:	Yes <u>No</u>
Average Ticket	\$	Next Day Funding:	<u>Yes</u> No
High Ticket	<u>2000</u> \$ 8000	Tip Edit:	Yes <u>No</u>

First two sections must equal 100% respectively

Card Swiped: 80 % Card Keyed In: _____ % = 100%

Card Present: 80 % Card Not Present 20 % = 100%

EBT: Yes No FNS Number: _____

Tax Calculation: Yes No If so tax rate: 8%

Software or POS Integration Questions Only

MOTO: % Internet: %

Traditional IBUX SimpleBux PrimeBux

POS Software Integration: Yes No

Software Name & Version: _____

Notes: 19.95 IBUX stockyards ~~something~~

MP/AP Name: Kusti of Sease

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Phone line

Receipt Header Message: Kusti Sease

Receipt Footer Message:

Claxton's Auction Co. LLC
843-909-4285