Attached Required Document Checklist	Fax to : 901-692-9499	
Voided Check	ALADACT.	
Business Verification Document Copy of Drivers License	email to: applications@impactpays.net	
Managing Partner Name:		
Date Submitted:		
	nant Application Submission Form	
	Courty Club	
Business Legal Name:	. 3	
	Contact Phone Number: 901-388-6150	
Physical Address: 2730 Country and		
Phone Number: 901-388.6150	Fax Number:	
Email Address: akimball @ cok	mial country Website: ub, org	
Billing Address:	City:	
State: Zip:		
	Business Type	
Corporation - circle one: Private or Public	Business Start Date: 1913	
LLC - circle one: C corp S corp P partner D dis	egarded entity	
	deral Tax ID# 42- 0146640 Refund Policy Yes or No	
· ·	of Goods Sold: (-o) + Country Club.	
	ust be 51% or more) *Might need information on all owners*	
Officer/Owners Name: Townes W. Quesal		
Home Address: 6333 Co wathywood F		
Drivers License#: The 024198281	Expiration Date: State: TD	
DOB: 09 03/1940	Home Phone Number: 901-277-6343	
% of Business Owned:%	Length of Ownership: & vers	
	Banking Information	
A copy of a voided check or a signed ve	rification letter from the bank is <u>required.</u> *No Starter Checks Accepted*	
Name of Bank Bank of Bart	Lett	
ABA Routing # 094003159		
Account# 032 0 9 4888		
Estimated Sales Volume	Terminal Questions	
Estimated Annual Sales (All sales)	\$ 2.5 mills Batch Out Time:	
Estimated Annual Visa/MC/Discover / AMEX Sales	S milition Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover / AMEX Sales	\$ Do you dial 9 for outside line? Yes No	
Average Ticket	\$ 280 Terminal Type: \$ Pin Pad Type:	
High Ticket		
First two sections must equal 100% respectively	The objection of the control of the	
Card Swiped: % Card Keyed In: % = 1		
Card Present: % Card Not Present %=10	PIN Debit Pin Pad: Yes - No	
MOTO: % Internet: %	POS Software Integration: Yes - No	
IBUXX or Traditional Notes:	Software Name & Version:	
Notes:	Next Day Funding: Yes - No	
	Tip Edit: Yes - No	
	Version: C	