

Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted: 12/15/22	email to: applications@impactpays.net		
Business Verification Document <input checked="" type="checkbox"/>				
Copy of Drivers License <input checked="" type="checkbox"/>				Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: L + M Meat Company

Business Legal Name: L + M Meat Company LLC

Contact Name: Max Maxey Contact Phone Number: 601-562-1127

Physical Address: 2934 N Church St City, State, Zip: Louisville, MS 3

Phone Number: 601-562-1127 Fax Number: N/A

Email Address: Max Maxey75@gmail.com Website: N/A

Billing Address: 14693 Hwy 15 N City: Philadelphia

State: MS Zip: 39350

Business Type

Corporation - circle one: Private or Public

Business Start Date: 1/11/23

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

Refund Policy: 30 days 60 days Other (None)

Sole Prop Other: Partnership

EIN/Federal Tax ID# 92-0533521 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Butcher Shop (If yes input message in notes)

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

Officer/Owners Name: Max Maxey Title: Owner Social Security: 425-67-5205

Home Address: 14693 Hwy 15 N City, State, Zip Code: Philadelphia, MS 39350

Drivers License#: See Photo Expiration Date: State:

DOB: 2/21/75 Home Phone Number: 601-562-1127

% of Business Owned: 100 % Length of Ownership: Opening 1/11/23

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

Terminal Questions (Circle your answer)

Name of Bank	Batch Out Time: <u>7 pm</u>
ABA Routing # <u>See check</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes <u>(No)</u>
Estimated Annual Sales (All sales) <u>\$1,000,000</u>	Terminal Type:
Estimated Visa/MC/Discover Sales <u>\$75,000</u>	Reprogram Terminal: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$65.00</u>	Equipment Purchase: Yes No
Average Ticket <u>\$65.00</u>	Equipment Rental Program: Yes No
High Ticket <u>\$500.00</u>	Next Day Funding: Yes No
	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % = 100%	EBT: Yes No FNS Number:
Card Present: % Card Not Present % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
MOTO: % Internet: %	Software or POS Integration Questions Only
Traditional <u>(IBUXX)</u> SimpleBuxx PrimeBuxx	POS Software Integration: Yes No
	Software Name & Version:

Notes: \$19.95 PAX 80

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: