Assaul	
Attached Required Document Checklist Voided Check	Fax to : 901-692-9499
Voided Check V	email to:
Copy of Drivers License	applications@impactpays.net
Managing Partner Name: LISA TIM LOTE	applications@impostpayana
Date Submitted: (0-14-70-22	
Merchant Application Submission Form	
Merchant (Business) DBA Name: TOCHE OF TV	re South
Business Legal Name: TANK OF The Soluth	
Contact Name Contact Phone Number:	
SUCY PULLEGAN 21 C 11 SI AD 72501	
Phone Number: Cつっ フゥフュイグル Fax Number:	
Email Address: South Sou	
Billing Address: 760 Heber Springs Rd City: Southside	
State: A12 Zip:	72.501
	Business Type
Corporation - circle one: Private or Public	Business Start Date: 0 - 13 - 22
LLC - circle one: C corp S corp P partner D disrega	
	D# 429 61 9639 Refund Policy? Yes or 🔞
□ Partnership Types of Goods Sold: ← ○ ○ ○ Ownership Information (Must be 51% or more)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Officer/Owners Name: Jedy Mil San	Title: (1) (1) / / (1) Social Security: 9 / (1) Apr 7250/
Home Address: 2510 Dylan lane	City, State, Zip Code: ROWSVIIIe, AR 7250/
Drivers License#: 9119051217	Expiration Date: 07-08-27 State: AR
DOB: 07-08-1969	Home Phone Number: 870 - 307 - 1580
% of Business Owned:%	Length of Ownership:
Banking Information	
Bank Reference (a copy of a voided check or a DDA verification letter from the bank is <u>required</u>)	
Name of Bank Citizens Bank	
Name of Same (All Care and 21)	
221/22/21	
Account # 32499164	Terminal Questions
Estimated Sales Volume	7 11 2 1 7 mm Q 2 000
Estimated Annual Sales (All sales)	S Communication Method: IP-internet or Dial-phone
Estimated Visa/MC/Discover Sales	\$ Communication Method: IP-internet or Dial-phone \$ Do you dial 9 for outside line? Yes - No \$ Terminal Type:
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ Terminal Type:
Average Ticket High Ticket	\$ Pin Pad Type:
	Reprogram Terminal: Yes - No
First two sections must equal 100% respectively Card Swiped: % Card Keyed In: % = 1009	T Voc - VI No
Card Swiped: % Card Keyed In: % = 1009 Card Present: % Card Not Present % =1009	Equipment Rental Program: Yes - No
Cardiffeeth	PIN Debit Pin Pad: Yes - No
101010: 101011011	POS Software Integration: Yes - No
Notes:	Software Name & Version:
IAGK IMANDA	Next Day Funding: Yes - No
	Tip Edit: Yes - Y No
	Version: 003