

Attached Required Document Checklist

Voided Check *On file*
 Copy of Drivers License *On file*
 Managing Partner Name: *Lisa + Jason*
 Date Submitted: *5-14-21*

Fax to: 901-692-9499

email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: *Bethesda General Store*
 Business Legal Name: *Bethesda General Store*
 Contact Name: *Aaron Keller* Contact Phone Number:
 Physical Address: ~~*910 Chingapin Loop*~~ State, Zip: *Batesville, AR 72501*
 Phone Number: *870-793-2621* Fax Number:
 Email Address: *BIGERNDIESEL@hotmail.com* Website:
 Billing Address: *ON FILE 6435 Bethesda Rd* City: *Batesville*
 State: *AR* Zip: *72501*

Business Type

Corporation - circle one: Private or Public Business Start Date:
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Federal Tax ID# *85-410-673-2* Refund Policy? Yes or No
 Partnership Types of Goods Sold: *groceries, gas*

Ownership Information (Must be 51% or more)

Officer/Owners Name: *Aaron Keller* Title: *OWNER* Social Security: *480-169-2231*
 Home Address: *910 Chingapin Loop* City, State, Zip Code: *Batesville, AR 72501*
 Drivers License#: *920153067* Expiration Date: *10-21-26* State: *AR*
 DOB: *10-21-82* Home Phone Number: *870-103-3947*
 % of Business Owned: *100 %* Length of Ownership: *7 months*

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank
 ABA Routing #
 Account #
ON file

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ 300,000	Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$ 240,000	Communication Method: IP-Internet or Dial-phone	
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$ 20,000	Do you dial 9 for outside line? <input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No	
Average Ticket	\$ 18.00	Terminal Type:	
High Ticket	\$ 150.00	Pin Pad Type:	
<i>First two sections must equal 100% respectively</i>		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <i>90</i> % Card Keyed In: <i>10</i> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <i>100</i> % Card Not Present: <i>0</i> % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes:		POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
<i>IBUX 30.69 Fee</i>		Software Name & Version:	
		Next Day Funding:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No