

Attached Required Document Checklist

Voided Check

Copy of Drivers License

Managing Partner Name: Molli Swiderski

Date Submitted: 7/12/22

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 email to:  
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Factory Direct Carpets  
 Business Legal Name: Factory Direct Carpets, LLC  
 Contact Name: Sharon McBreairty Contact Phone Number: 601-656-9014  
 Physical Address: 1116 East Main City, State, Zip: Philadelphia, Ms 39350  
 Phone Number: 601-656-9014 Fax Number: same  
 Email Address: Factorydirectcarpet91@gmail.com Website: N/A  
 Billing Address: P.O. Box 7 City: Philadelphia  
 State: MS Zip: 39350

Business Type

Corporation - circle one: Private or Public Business Start Date: 10/1991  
 **LLC** circle one: C corp S corp P partner D disregarded entity  
 Sole Prop  Other: Federal Tax ID# 64-0937933 Refund Policy? Yes or No  
 Partnership Types of Goods Sold: Flooring

Ownership Information (Must be 51% or more)

Officer/Owners Name: Sharon McBreairty Title: Owner Social Security: 587-88-1896  
 Home Address: 5437 Mars Hill Rd City, State, Zip Code: Philadelphia, Ms  
 Drivers License#: 801272346 Expiration Date: 11/01/23 State: 39350 MS  
 DOB: 11/01/1954 Home Phone Number: 6019384127  
 % of Business Owned: 100 % Length of Ownership: 100 %

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)  
 Name of Bank: see check  
 ABA Routing #  
 Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>100,000.00</u>	Batch Out Time:	<u>7 P.M.</u>
Estimated Visa/MC/Discover Sales	\$ <u>?</u>	Communication Method:	<input checked="" type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ <u>?</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	\$ <u>3500.00</u>	Terminal Type:	<u>iBuxx</u>
High Ticket	\$ <u>2000.00</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%		Equipment Purchase:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 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: <u>They are currently not taking cards. Not sure of est. amts. Wants the Pay 80s terminal</u>		POS Software Integration:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No

\*\* needs long cord \*\*