


<b>Attached Required Document Checklist</b>		Date	Fax to : 901-692-9499		Version: 005
Voided Check <input checked="" type="checkbox"/>	Submitted:	5/4/23	email to:		
Business Verification Document <input checked="" type="checkbox"/>			applications@impactpays.net		
Copy of Drivers License <input checked="" type="checkbox"/>					

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Triple M Ministries

Business Legal Name: Triple M Ministries, Inc

Contact Name: Kevin Vaugh Contact Phone Number: 601-504-7003

Physical Address: 273 W Beacon St City, State, Zip: Philadelphia, MS 39346

Phone Number: 601-504-7003 Fax Number: N/A

Email Address: KevinV1970@ATT.net Website: N/A

Billing Address: 273 West Beacon St City: Philadelphia

State: MS Zip: 39350

**Business Type**

Corporation - circle one: Private or <u>Public</u>	Business Start Date: <u>3/2020</u>
LLC - circle one: C corp S corp P partner D disregarded entity	Refund Policy: 30 days 60 days Other None
Sole Prop Other:	EIN/Federal Tax ID# <u>85-0620588</u> Print Refund Policy on Footer: Yes No
Partnership	Types of Goods Sold: <u>Fire works</u> (If yes input message in notes)

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

Officer/Owners Name: Kevin Vaugh Title: President Social Security: 425-51-8349

Home Address: 10830 Hwy 486 City, State, Zip Code: Philadelphia, MS 39350

Drivers License#: See D/L Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

% of Business Owned: \_\_\_\_\_ % Length of Ownership: 3 yrs

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time:
ABA Routing # <u>See ck</u>	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$50,000</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$50,000</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$25,000</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$250.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$800.00</u>	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number: _____
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes <u>No</u> If so tax rate: _____ %
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <u>Swipe Simple mobile/seasonal</u>	MP/AP Name:
<u>1 @ 29.95 + 1 @ 9.95</u>	RP Name:
<u>Per Morgan - 2 Bluetooth Loans</u>	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: USA, Kenya, Philippines

Receipt Footer Message: Fireworks for Ministries