Attached Paguired Decument Chacklist	Fax to: 901-692-9499	
Attached Required Document Checklist Voided Check		Ī
Business Verification Document	email to: applications@impactpays.net	
Copy of Drivers License	applications@impactpays.net — PAYMENT PARTNE	
Managing Partner Name:	applications@impactpays.net	ж 5 —
Date Submitted:		
Merchant Application Submission Form		
Merchant (Business) DBA Name: Homer Skelton Ford		
The state (2 dolliess) 227 that is	.on rord	
Business Legal Name:		
Contact Name: Rodney McGuire	Contact Phone Number:	
Physical Address:6950 Hanna CvCity, State, Zip:Olive Branch, MS 38654		
Phone Number: 662-890-8875 Fax Number:		
Email Address: Rodney@HomerSkeltonFord.com Website:		
Billing Address: Same As Above	City:	
State: Zi):	
Business Type		
Corporation - circle one: Private or Public	Business Start Date: 1/1/2006	
·	O disregarded entity	
-	N/Federal Tax ID# 640775981 Refund Policy? Yes or	NO
Partnership Types of Goods Sold:		
Ownership Information (Must be 51% or more) *Might need information on all owners*		
Officer/Owners Name: Michelle Chapman Title: President Social Security: 413355269		
Home Address: 4535 Spring Meadow Way S City, State, Zip Code: Olive Branch, MS 38654		
Drivers License#: Expiration Date: State:		
DOB: 6/23/1969 Home Phone Number:		
% of Business Owned: 100 % Length of Ownership: 2 yrs		
Banking Information		
A copy of a voided check or a signed verification letter from the bank is <u>required.</u> *No Starter Checks Accepted*		
	d verification letter if off the bank is required. No starter checks Accepted	
Name of Bank BANK CORP SOUTH		
ABA Routing # 084201278		
Account # 60584646		
Estimated Sales Volume	Terminal Questions	
Estimated Annual Sales (All sales)	\$ Batch Out Time: 7:00 PM	
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$ 5400000 Communication Method: IP-internet Dial-phone	WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 450000 Do you dial 9 for outside line? Yes - No	
Average Ticket	\$ 250 Terminal Type:	
High Ticket	\$ 15000 Pin Pad Type:	
First two sections must equal 100% respective Card Swiped: % Card Keyed In: %		
	• •	
	=100% Equipment Rental Program: Yes - No	
MOTO: % Internet: %	PIN Debit Pin Pad: Yes - No	
IBUXX or Traditional Notes:	POS Software Integration: Yes - No Software Name & Version:	
Notes: Next Day Funding: Yes - No		
	Tip Edit: Yes - No	
	110 - 140	
	Vo	rsion: 004
	Vei	51511. 004