| Attached Required Document Che  | cklist                                 | Date           | Fax to: 901-692-9499                     |   | :             | Version:007.16       |                 |
|---|--|----------------|--|---|---------------|----------------------|-----------------|
| Voided Check  |  | Submitted:     | email to:                                |   |               | ADACT                |                 |
| Business Verification Document  |  |                | email to:<br>applications@impactpays.net |   |               |                      | <b>NPACT</b>    |
| Copy of Drivers License   |  |                |  |   |               |                      | PAYSYSTEM       |
| Merchant Application Submission Form  |  |                |  |   |               |                      |                 |
| Merchant (Business) DBA Name:   | Name: Homer Skelton Ford of Millington |                |  |   |               |                      |                 |
| Business Legal Name:  | Homer S                                | kelton Ford of | Millington LLC                           | Website: www.milli                                    |               | www.millingto        | nford.com       |
| Contact Name:   | Rodney McGuire                         |                |  | Contact Phone Number: 6628908                         |               | 6628908817           |                 |
| Physical Address:   | 9030 Hwy 51                            |                |  | City, State, Zip:                                     |               | Millington, TN 38053 |                 |
| Email Address:  | rodney@homerskeltonford.com            |                |  |   |               | Phone #:             | 6628908817      |
| Billing Address:  | PO Box                                 | 726            |  | City, State, Zip:                                     |               | Olive Branch,        | MS 38654        |
| Biz Phone #:  | 9018733673 Biz Fax                     |                | Biz Fax #:                               |   |               | EIN/Tax ID#:         | 26-3951426      |
| Business Type   |  |                |  |   |               |                      |                 |
| Corporation - Pick One:   | Private                                | Туре:          | LLC                                      | Bus Open Date: July, 2009                             |               |                      |                 |
| Refund Policy:  | None                                   |                | Print Policy:                            | No  | (If yes input | refund message)      |                 |
| Types of Goods Sold:  |  |                |  |   |               |                      |                 |
| Auto Sales and Service  |  |                |  |   |               |                      |                 |
| Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form         |  |                |  |   |               |                      |                 |
| Officer/Owners Name:  | Michelle Chapman                       |                |  | Title: President                                      |               | Social Security:     | 413-355269      |
| Home Address:   | 4535 SPRINGMEADOW WAY S                |                | W WAY S                                  | City, State,  | Zip Code:     | Olive Branch,        | MS 38654        |
| Drivers License#:   | 800029577                              |                | Exp Date:                                | 06/23/2023  |               | State Issued:        | MS              |
| DOB:  | 06/23/1969                             |                | Home Phone#:                             | 9012464447  |               |                      |                 |
| % of Business Owned:  | 100 % Length                           |                | n of Ownership:                          | 2 years   |               |                      |                 |
| Banking Information ** No starter checks or deposit slips accepted**  Terminal Questions (Circle your ans |  |                |  |   |               | ır answer)           |                 |
| Name of Bank  | Bancorpsouth                           |                |  | Batch Out Time (for nextday funding 7:00 PM): 7:00 pm |               |                      |                 |
| ABA Routing #   | 084201278                              |                |  | Communication Method: IP-Internet (Wired)             |               |                      |                 |
| Account #   | 79774691                               |                |  | Do you dial 9 for outside line? IP-Internet (V        |               |                      |                 |
| Estimated   | Term                                   | inal Type:     |  |   |               |                      |                 |
| Estimated Annual Sales (All sa  |  |                | \$ 40000000                              | Reprogram Terminal:                                   |               |                      |                 |
| Estimated Visa/MC/Discover Sales \$ 240   |  |                | \$ 240000                                | Equipment Purchase:                                   |               |                      |                 |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales \$20000  |  |                |  | Equip. Rental Program:                                |               |                      |                 |
| Average Ticket \$ 2500  |  |                |  | Next Day Funding:                                     |               |                      |                 |
| High Ticket \$ 10000  |  |                |  | Tip Edit:   |               |                      |                 |
| First two sections must equal 100% respectively   |  |                |  | EBT:  |               | FNS Number:          |                 |
| Card Swiped: 95 % Card Keyed In: 5 % = 100% 100   |  |                |  | Tax Calculation:                                      |               |                      | If so tax rate: |
| Card Present: 99 % Card Not Present 1 % =100% 100   |  |                |  | Softwa  | are or POS    | Integration Qu       | uestions Only   |
| MOTO: % Internet: %   |  |                |  | POS Software Integration:                             |               |                      |                 |
| Program Type: ·   |  |                |  | Software Name & Version:                              |               |                      |                 |
| Notes:  |  |                |  | MP/AP Name:   |               |                      |                 |
|   |  |                |  | RP Name:  |               |                      |                 |
|   |  |                |  | Pricing Provided:                                     |               |                      |                 |
| Receipt Header Message:   |  |                |  |   |               |                      |                 |
| Receipt Footer Message:   |  |                |  |   |               |                      |                 |