


<b>Attached Required Document Checklist</b>	Fax to : 901-692-9499	
Voided Check	<b>email to:</b> <b>applications@impactpays.net</b>	
Business Verification Document		
Copy of Drivers License		
<b>Managing Partner Name:</b>		
<b>Date Submitted:</b>		

**Merchant Application Submission Form**

**Merchant (Business) DBA Name:** Homer Skelton Hyundai, LLC

**Business Legal Name:** Homer Skelton Hyundai,

**Contact Name:** Rodney McGuire      **Contact Phone Number:**

**Physical Address:** 8145 New Craft Rd      **City, State, Zip:** Olive Branch, MS 38654

**Phone Number:** 662-8900100      **Fax Number:**

**Email Address:** Rodney@HomerSkeltonFord.com      **Website:**

**Billing Address:** Same As Above      **City:**

**State:**      **Zip:**

**Business Type**

Corporation - circle one: Private or Public      **Business Start Date:** 1/1/2006

LLC - circle one: C corp   S corp   P partner   D disregarded entity

Sole Prop    Other:      **EIN/Federal Tax ID#** 510603307      **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:** 413-35-5269

**Home Address:** 4535 Springmeadows Way S      **City, State, Zip Code:** Olive Branch, ms 38654

**Drivers License#:** 800029577      **Expiration Date:** 6/23/2023      **State:** ms

**DOB:** 06/23/1969      **Home Phone Number:**

**% of Business Owned:** 100 %      **Length of Ownership:** 2 years

**Banking Information**


**A copy of a voided check or a signed verification letter from the bank is required. \*No Starter Checks Accepted\***

**Name of Bank** BANK CORP SOUTH

**ABA Routing #** 084201278

**Account #** 60695780

Estimated Sales Volume		Terminal Questions	
<b>Estimated Annual Sales (All sales)</b>	\$	<b>Batch Out Time:</b>	7:00 PM
<b>Estimated Annual Visa/MC/Discover/ AMEX Sales</b>	\$ 3,000,000	<b>Communication Method:</b>	IP-internet   Dial-phone   WIFI
<b>Estimated Monthly Visa/MC/Discover/ AMEX Sales</b>	\$ 250000	<b>Do you dial 9 for outside line?</b>	Yes - No
<b>Average Ticket</b>	\$ 250	<b>Terminal Type:</b>	
<b>High Ticket</b>	\$ 15000	<b>Pin Pad Type:</b>	
<b>First two sections must equal 100% respectively</b>		<b>Reprogram Terminal:</b>	Yes - No
<b>Card Swiped:</b>	% Card Keyed In: % = 100%	<b>Equipment Purchase:</b>	Yes - No
<b>Card Present:</b>	% Card Not Present % = 100%	<b>Equipment Rental Program:</b>	Yes - No
<b>MOTO:</b>	% <b>Internet:</b> %	<b>PIN Debit Pin Pad:</b>	Yes - No
<b>IBUXX</b>	or <b>Traditional</b>	<b>POS Software Integration:</b>	Yes - No
<b>Notes:</b>		<b>Software Name &amp; Version:</b>	
		<b>Next Day Funding:</b>	Yes - No
		<b>Tip Edit:</b>	Yes - No

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Copy of Drivers License		
<b>Managing Partner Name:</b>		
<b>Date Submitted:</b>		

**Merchant Application Submission Form**

**Merchant (Business) DBA Name:** Homer Skelton Ford

**Business Legal Name:**

**Contact Name:** Rodney McGuire      **Contact Phone Number:**

**Physical Address:** 6950 Hanna Cv      **City, 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:**      **Zip:**

**Business Type**

Corporation - circle one: Private or Public      **Business Start Date:** 1/1/2006

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop     Other:      **EIN/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:** 413-35-5269

**Home Address:** 4535 Springmeadow way S      **City, State, Zip Code:** Olive Branch, MS 38654

**Drivers License#:** 8000 29577      **Expiration Date:** 6/23/2023      **State:** MS

**DOB:** 06/23/1969      **Home Phone Number:**

**% of Business Owned:** 100 %      **Length of Ownership:** 20 years

**Banking Information**

**A copy of a voided check or a signed verification letter from 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)	\$		<b>Batch Out Time:</b>	7:00 PM
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$	5400000	<b>Communication Method:</b>	IP-internet Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	450000	<b>Do you dial 9 for outside line?</b>	Yes - No
Average Ticket	\$	250	<b>Terminal Type:</b>	
High Ticket	\$	15000	<b>Pin Pad Type:</b>	
<b>First two sections must equal 100% respectively</b>			<b>Reprogram Terminal:</b>	Yes - No
<b>Card Swiped:</b>	<b>% Card Keyed In:</b>	<b>% = 100%</b>	<b>Equipment Purchase:</b>	Yes - No
<b>Card Present:</b>	<b>% Card Not Present</b>	<b>% = 100%</b>	<b>Equipment Rental Program:</b>	Yes - No
<b>MOTO:</b>	<b>%</b>	<b>Internet:</b>	<b>PIN Debit Pin Pad:</b>	Yes - No
<b>IBUXX</b>	<b>or</b>	<b>Traditional</b>	<b>POS Software Integration:</b>	Yes - No
<b>Notes:</b>			<b>Software Name &amp; Version:</b>	
			<b>Next Day Funding:</b>	Yes - No
			<b>Tip Edit:</b>	Yes - No