Attached Required Document Checklist	Fax to : 901-693	2-9499		
Voided Check				
Business Verification Document Copy of Drivers License		email to:	IMPACI	
Managing Partner Name:	applications@impactpays.net		— PAYMENT PARTHERS —	
Date Submitted:			(CD)	
	ant Application Submis	sion Form	克·罗斯·塞尔特·森特曼斯特	
Merchant (Business) DBA Name: Homer Skelton H	APPLATORES TO THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS.	38. Avii 19. 20. 20. 20. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
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 disre	egarded entity			
Sole Prop Other: EIN/Fed	deral Tax ID# 51	0603307	Refund Policy? Yes or No	
(protet)	f Goods Sold:	0000001		
V. 8271 - State Company (ACC) (The sales year) in cases V. and Corner and Cor	Spilena proping and supplied by kemada 1970	ight need information on all own	rs*	
Ownership Information (Must be 51% or more) *Might need information on all owners* Officer/Owners Name: Michelic Clauman Title: Fraident Social Security: 413-35-6269				
	11 by S	City, State, Zip Code: O IV	0 11	
() +4 h 00 d + 1				
DOB: 06/23/1969	Home Phone Number:			
% of Business Owned:	of Business Owned: 100 % Length of Ownership: 245,			
	Banking Information			
A copy of a voided check or a signed ver	ification letter from the	bank is <u>required.</u> *No Starte	r Checks Accepted*	
Name of Bank BANK CORP SOUTH				
ABA Routing # 084201278		_1	1	
Account # 60695780		AND ADDRESS OF THE PARTY OF THE		
Estimated Sales Volume	现的原则 是为人。为	AND THE RESERVE THE PARTY OF TH	nal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time: 7:00 P		
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$ 3,000,000		P-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 250000	Do you dial 9 for outside lin	ne? Yes - No	
Average Ticket High Ticket	\$ 250	Terminal Type: Pin Pad Type:		
	\$ 15000	Reprogram Terminal:	Yes - No	
First two sections must equal 100% respectively: Card Swiped: % Card Keyed In: % = 100	10/	Equipment Purchase:	Yes - No	
Card Present: % Card Not Present %=100		Equipment Rental Program		
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No	
IBUXX or Traditional		POS Software Integration:		
Notes:		Software Name & Version		
		Next Day Funding:	Yes - No	
		Tip Edit:	Yes - No	
			Version: 004	

Attached Required Document Checklist	Fax to : 901-69	2-9499	ai.	
Voided Check			A A A STATE A CONTRACT OF THE A	
Business Verification Document		email to:	IMPACI	
Copy of Drivers License	applications@impactpays.net		— PAYMENT PARTHERS—	
Managing Partner Name: Date Submitted:	+			
	Application Submis	ssion Form	atterial 2018年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	
Merchant (Business) DBA Name: Homer Skelton Ford	100			
Business Legal Name:				
Contact Name: Rodney McGuire	Contact Phone Number:			
Today 1120 daily				
- I i j dicar / taar caar	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:		A SAN MANAGEMENT OF THE ASSOCIATION		
	Business Type			
Corporation - circle one: Private or Public		Business Start Date: 1/3	1/2006	
LLC - circle one: C corp S corp P partner D disregar				
Sole Prop COther: EIN/Federa	Tax ID# 64	0775981	Refund Policy? Yes or No	
Partnership Types of Goo	ods Sold:			
Ownership Information (Must b	e 51% or more) *N	light need information on all owne	rs*	
Officer/Owners Name: Michelle Chapman	Title: Ples	ident Social Security:	413-35-5269	
Home Address: 4835 Spring mendow U			EBROOK, ms 38654	
Drivers License#: 8000 29577	Expiration Date		State: m5	
DOB: 06/23/1969	Home Phone N			
% of Business Owned: 100 %	Length of Ownership: 28 want			
AND THE PROPERTY OF THE PROPER	Banking Informatio	and the state of t		
A copy of a voided check or a signed verifica	ALTHUR LINE AND ADDRESS OF THE ADDRE		Chocks Assented*	
	uon letter ir om an	E Dank is required. No starte.	Checks Accepted	
Name of Bank BANK CORP SOUTH 084201278				
ADA ROdding #				
Account # 60584646		Tormi	nal Questions	
Estimated Sales Volume	\$	Batch Out Time: 7:00 P.		
Estimated Annual Sales (All sales) Estimated Annual Visa/MC/Discover/ AMEX Sales	\$ 5400000	Communication Method: II		
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 450000	Do you dial 9 for outside lin		
Average Ticket	-	Terminal Type:		
High Ticket	\$ <u>250</u> \$ <u>15000</u>	Pin Pad Type:		
First two sections must equal 100% respectively	T 13000	Reprogram Terminal:	Yes - No	
Card Swiped: % Card Keyed In: % = 100%	100	Equipment Purchase:	Yes - No	
Card Present: % Card Not Present % =100%		Equipment Rental Program	m: Yes - No	
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No	
IBUXX or Traditional		POS Software Integration:		
Notes:		Software Name & Version		
		Next Day Funding:	Yes - No	
		Tip Edit:	Yes - No	
			Version: 00	