

Attached Document Checklist	
Voided Check	<input checked="" type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Fax to : 901-692-9499
email to: applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: PT Company

Contact Name: Misty Jackson **Contact Phone Number:** 731 288-5056

Physical Address: 1400 Shelby Dr. **City, State, Zip:** Dyersburg, TN 38024

Phone Number: 731 288-5056 **Fax Number:** 731 288 5067

Email Address: mjacksonptco@gmail.com **Website:** _____

Billing Address: 1400 Shelby Dr. **City:** Dyersburg

State: TN **Zip:** 38024

Business Type

Corporation **Business Start Date:** 9/1/01

Limited Liability **Business Type:** Medical Practice

Sole Prop **% of Business Owned:** 100% **Length of Ownership:** 9/1/01

Partnership Other **Types of Goods Sold:** None - Service Provided

Federal Tax ID#: 021861965 **Refund Policy?** _____

Ownership Information

Officer/Owners Name: Eddie Crocker **Title:** President, CEO **Social Security:** 412 04 8978

Home Address: 550 Kelly Rd **City, State, Zip Code:** Dyersburg TN 38024

Drivers License#: 046003843 **Expiration Date:** 10/4/2025 **State:** TN

DOB: 11/23/57 **Home Phone Number:** 731 676-8415

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: First Citizens National Bank

City: Dyersburg **State:** TN **Zip:** 38024

ABA Routing #: 084301042

Account #: 1953036

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ _____	Batch Out Time:	_____
Estimated Visa/MC/Discover Sales	\$ _____	Communication Method:	_____
Estimated Amex Sales	\$ _____	Dial <input type="checkbox"/> IP-Internet <input type="checkbox"/>	_____
Average Ticket	\$ _____	Do you dial 9 for outside line?	_____
**Highest Ticket	\$ _____	Terminal Type	_____
% Card Swiped	5 %	Equipment Purchase	<input type="checkbox"/>
% Card Keyed In	95 %	Equipment Replacement Program	<input type="checkbox"/>
% Card Present	5 %	PIN Debit Pin Pad	<input type="checkbox"/>
% Card Not Present	95 %	POS SOFTWARE	<input type="checkbox"/>
% MOTO	%	Software Name & Version:	_____
% Internet	%	Next Day Funding (Yes or No):	_____
% B2B	%	Tip Edit (Yes or No):	_____
% International Cards	%		

Managing Partner

Managing Partner Name: _____

Date Submitted: _____

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:

DRIVER LICENSE



Eddie Lee Crocker



THE VOLUNTEER STATE

USA
TN

DL NO. **046003845**

DOB **11/23/1957**

EXP **10/04/2025**

ISS **10/04/2017**

CLASS **D** END **NONE**

REST **NONE**

SEX **M** HGT **5'-08"** EYES **BLU**

DD **9911710041528183**

CROCKER

EDDIE LEE

550 KELLY RD

DYERSBURG, TN 38024

P T COMPANY INC.
PH. 731-288-5056
1400 SHELBY DR.
DYERSBURG, TN 38024

87-104/843

8045

PAY TO THE
ORDER OF


VOID

\$

DOLLARS



ShieldSM


**FIRST CITIZENS
NATIONAL BANK**
Dyersburg, TN 38024

MEMO
⑆084301042⑆ 19 5303 6⑈ 8045

MP