

Attached Required Document Checklist

Voided Check
 Copy of Drivers License

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



Managing Partner Name: Moli Swiderski
 Date Submitted: 7/23/2020

Merchant Application Submission Form

Merchant (Business) DBA Name: Ocean Fresh Fish
 Business Legal Name: Same cell - 662-346-6014
 Contact Name: Glenn Dawson Contact Phone Number: 662-844-3474
 Physical Address: 620 N Gloster St City, State, Zip: Tupelo, MS 38804
 Phone Number: 662-844-3474 Fax Number:
 Email Address: dawson.glenn@gmail.com Website: OceanFreshFishTupelo.com
 Billing Address: 620 N Gloster, St City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 8/2013
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Federal Tax ID# See attached Refund Policy? Yes or No
 Partnership Types of Goods Sold: Sea food

Ownership Information (Must be 51% or more)

Officer/Owners Name: Glenn Dawson Title: Owner Social Security: 414-27-0303
 Home Address: 33 Jones Lane City, State, Zip Code: Belden, MS 38826
 Drivers License#: 801462952 Expiration Date: 4/30/2028 State: MS
 DOB: 04/30/1962 Home Phone Number:
 % of Business Owned: 100 % Length of Ownership: 7 yrs

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank Regions
 ABA Routing # 065305436
 Account # 0216956125

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	<u>\$550,000.00</u>	Batch Out Time:	<u>8 pm</u>
Estimated Visa/MC/Discover Sales	<u>\$100,000.00</u>	Communication Method:	<u>(IP-internet)</u> or Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$ 8,400.00</u>	Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	<u>\$ 100.00</u>	Terminal Type:	
High Ticket	<u>\$2500.00</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Swiped: <u>99</u> % Card Keyed In: <u>1</u> % = 100%		Equipment Purchase:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <u>99</u> % Card Not Present <u>1</u> % = 100%		Equipment Rental Program:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %		PIN Debit Pin Pad:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
Notes: <u>Can he batch out? at a particular must have next day</u>		POS Software Integration:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
		Software Name & Version:	
		Next Day Funding:	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
		Tip Edit:	<input type="checkbox"/> Yes - <input type="checkbox"/> No