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|--|--|--|----------------------|---|
| Attached Required Document Checklist | | Date Submitted: 12-22-23 | Fax to: 901-692-9499 |  |
| Voided Check <input checked="" type="checkbox"/> | Business Verification Document <input checked="" type="checkbox"/> | email to: applications@impactpays.net | Version: 005 | |

Merchant Application Submission Form

Merchant (Business) DBA Name: **IKE'S**

Business Legal Name: **BS of Charleston, Inc**

Contact Name: **TAMMY BELL** Contact Phone Number: **217-549-7241**

Physical Address: **459 LINCOLN** City, State, Zip: **CHARLESTON, IL 61920**

Phone Number: **217-848-7648** Fax Number: **-**

Email Address: **Bellydog70@yahoo.com** Website: **-**

Billing Address: **459 LINCOLN AVE** City: **Charleston**

State: **IL** Zip: **61920**

Business Type

Corporation - circle one: Private or Public

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

Refund Policy: 30 days 60 days Other (None)

Sole Prop Other Partnership

EIN/Federal Tax ID# **81-1155332** Print Refund Policy on Footer: Yes No

Types of Goods Sold: **Food/Liquor** (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: **TAMMY BELL** Title: **OWNER** Social Security: **350-82-6111**

Home Address: **2300 Woodfall dr** City, State, Zip Code: **Charleston, IL 61920**

Drivers License#: _____ Expiration Date: _____ State: **IL**

DOB: **8/9/75** Home Phone Number: **217-549-7241**

% of Business Owned: **51** % Length of Ownership: **7 yrs**

| Banking Information ** No starter checks or deposit slips accepted** | Terminal Questions (Circle your answer) |
|--|---|
| Name of Bank: 1st Fed of Central IL | Batch Out Time: 5:30AM EST |
| ABA Routing #: 271173368 | Communication Method: <input checked="" type="checkbox"/> IP internet <input type="checkbox"/> Dial phone |
| Account #: 3818316902 | Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Estimated Sales Volume | Terminal Type: |
| Estimated Annual Sales (All Sales) \$ 700K | Reprogram Terminal: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Estimated Visa/MC/Discover Sales \$ 55K | Equipment Purchase: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 60K | Equipment Rental Program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Average Ticket \$ 28.50 | Next Day Funding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| High Ticket \$ 350.00 | Tip Edit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

First two sections must equal 100% respectively

Card Swiped: **100** % Card Keyed In: **0** % = 100%

Card Present: **100** % Card Not Present: **0** % = 100%

MOTO: **0** % Internet: **0** %

Traditional **IBUXX** SimpleBuxx PrimeBuxx

Notes:

EBT: Yes No FNS Number: _____

Tax Calculation: Yes No If so tax rate: **7.75** %

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: **Door Dash**

MP/AP Name: **Tony Kemp**

RP Name: **Neil Wallen**

Pricing Provided: Statement Analysis or Quote **SkyTab**

Receipt Header Message: _____

Receipt Footer Message: **Thanks you for Your Business**