


Attached Required Document Checklist	Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted:	email to:	
Business Verification Document <input checked="" type="checkbox"/>	9-23	applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: same
 Business Legal Name: Arlington Armory LLC
 Contact Name: Cori Ann Umstead Contact Phone Number: 901 275 9864 store
 Physical Address: 6280 Chester St #102 City, State, Zip: Arlington TN
 Phone Number: 914-774 8949 Fax Number:
 Email Address: ArlingtonArmory@protonmail.com Website:
 Billing Address: same Home address City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 7-22-22
 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#
 Types of Goods Sold: Guns + Accessories Print Refund Policy on Footer: Yes No (if yes input message in notes)

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

Officer/Owners Name: Chris Umstead Title: owner Social Security: 369 02 4959
 Home Address: 12281 Afton Pl City, State, Zip Code: Arlington Pl
 Drivers License#: 137413795 Expiration Date: 7-21-25 State: TN
 DOB: 7-21-87 Home Phone Number: 910-546-6477
 % of Business Owned: 100 % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank	Batch Out Time: <u>7 pm</u>
ABA Routing #	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)	<u>\$150K</u>	Reprogram Terminal:	Yes No
Estimated Visa/MC/Discover Sales	<u>\$120K</u>	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$10K</u>	Equipment Rental Program:	Yes No
Average Ticket	<u>\$75</u>	Next Day Funding:	<u>Yes</u> No
High Ticket	<u>\$2500</u>	Tip Edit:	Yes <u>No</u>

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: 99 % Card Keyed In: 1 % = 100%
 Card Present: 100 % Card Not Present 0 % = 100%
 Tax Calculation: Yes No If so tax rate: 9.75 %

Software or POS Integration Questions Only

MOTO: % Internet: %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 POS Software Integration: Yes No
 Software Name & Version:

Notes: Tax on grocery item is 6.75%

MP/AP Name:
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: