Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	Version:007.16
Voided Check	☑	12/21/23	email to: applications@impactpays.net	IMPACT PAYSYSTEM
Business Verification Document	☑			
Copy of Drivers License	☑			

Merchant Application Submission Form

Merchant (Business) DBA Name:	Highlander Pub

Business Legal Name:	Highlander Restaurant and Pub	**Website:**	Highlanderpub.com
Contact Name:	Marcus Lockett	**Contact Phone Number:**	9012217677
Physical Address:	78 n main st	**City, State, Zip:**	Collierville
Email Address:	mlockett@highlanderpub.com	**Phone #:**	
Billing Address:	same as above	**City, State, Zip:**	
Biz Phone #:	9012217677	**Biz Fax #:** / **EIN/Tax ID #:**	81-1295067

Business Type

Corporation - Pick One:	.	**Type:**	LLC ⊙	**Bus Open Date:**	2017
Refund Policy:	None ⊙	**Print Policy:**	.	(If yes input refund message)	

Types of Goods Sold:

Restaurant

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

Officer/Owners Name:	Alan Mullen	**Title:** Owner	**Social Security:**	084445632
Home Address:	139 N. Mt.Pleasant Rd	**City, State, Zip Code:**	Collierville tn 38017	
Drivers License#:	067208871	**Exp Date:**	2/23/26	**State Issued:** tn
DOB:	05/05/1953	**Home Phone#:**	901-262-3333	
% of Business Owned:	%	**Length of Ownership:**		

Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank	Pinnacle	**Batch Out Time (for nextday funding 7:00 PM):**	
ABA Routing #	1623749641	**Communication Method:** IP-Internet (Wired) ⊙	
Account #	064008637	**Do you dial 9 for outside line?** No ⊙	

Estimated Sales Volume			
Estimated Annual Sales (All sales)	$ 1,000,000	**Terminal Type:**	
Estimated Visa/MC/Discover Sales	$ 900.000	**Reprogram Terminal:**	.
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$ 80,000	**Equipment Purchase:**	.
Average Ticket	$55.00	**Equip. Rental Program:**	.
High Ticket	$ 1500	**Next Day Funding:**	Yes ⊙
		Tip Edit:	.

First two sections must equal 100% respectively				**EBT:** .	**FNS Number:**
Card Swiped: 99 %	**Card Keyed In:** 1 % = 100%			**Tax Calculation:**	**If so tax rate:**
Card Present: 100 %	**Card Not Present** 0 % =100%			**Software or POS Integration Questions Only**	
MOTO: 0 %	**Internet:** 0 %			**POS Software Integration:** .	
Program Type: Traditional ⊙				**Software Name & Version:**	
Notes: SkyTab Traditional				**MP/AP Name:** Tricia Wright	
SkyTab referral recipient will be Raven & Lily				**RP Name:**	
				Pricing Provided:	

Receipt Header Message:	
Receipt Footer Message:	