

|   |                   |                              |   |
|---|-------------------|------------------------------|---|
| <b>Attached Required Document Checklist</b>                 | <b>Date</b>       | <b>Fax to : 901-692-9499</b> |  |
| Voided Check <input checked="" type="checkbox"/>            | <b>Submitted:</b> | <b>email to:</b>             |   |
| Business Verification Document <input type="checkbox"/>     | 8/29/24           | applications@impactpays.net  |   |
| Copy of Drivers License <input checked="" type="checkbox"/> |                   |                              | <b>Version: 005</b>   |

**Merchant Application Submission Form**

**Merchant (Business) DBA Name:** Beacon Audit Solutions

**Business Legal Name:** Beacon Audit Solutions INC.

**Contact Name:** Twinkle Patel **Contact Phone Number:** 828-421-6683

**Physical Address:** 636 Calhoun Ln **City, State, Zip:** Knoxville TN 37912

**Phone Number:** 828-421-6683 **Fax Number:**

**Email Address:** Info@beaconaudit.com **Website:**

**Billing Address:** Same **City:**

**State:** **Zip:**

**Business Type**

**Corporation - circle one:** Private or Public **Business Start Date:** New for credit cards/ye

**LLC - circle one:** C corp S corp P partner D disregarded entity **Refund Policy:** 30 days 60 days Other None

**Sole Prop Other:** **EIN/Federal Tax ID#** 93-4981065 **Print Refund Policy on Footer:**

**Partnership** **Types of Goods Sold:** 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:** Twinkle Bign Patel **Title:** owner **Social Security:** 292-90-8864

**Home Address:** 56 Amos CT **City, State, Zip Code:** Maggie Valley NC 28751

**Drivers License#:** 00003190872.0 **Expiration Date:** 5/28/26 **State:** NC

**DOB:** 5/28/85 **Home Phone Number:**

**% of Business Owned:** 50 % **Length of Ownership:**

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

**Terminal Questions (Circle your answer)**

**Name of Bank:** Truist **Batch Out Time:** 7 p.m

**ABA Routing #:** 064208165 **Communication Method:** IP-internet or Dial-phone

**Account #:** 1430003389632 **Do you dial 9 for outside line?** Yes No

**Estimated Sales Volume**

**Terminal Type:** virtual

|   |           |                                  |     |    |
|---|-----------|----------------------------------|-----|----|
| <b>Estimated Annual Sales (All sales)</b>             | \$ 1.6mil | <b>Reprogram Terminal:</b>       | Yes | No |
| <b>Estimated Visa/MC/Discover Sales</b>               | \$        | <b>Equipment Purchase:</b>       | Yes | No |
| <b>Estimated Monthly Visa/MC/Discover/ AMEX Sales</b> | \$        | <b>Equipment Rental Program:</b> | Yes | No |
| <b>Average Ticket</b>                                 | \$100.00  | <b>Next Day Funding:</b>         | Yes | No |
| <b>High Ticket</b>                                    | \$2K      | <b>Tip Edit:</b>                 | Yes | No |

**First two sections must equal 100% respectively**

**EBT: Yes No FNS Number:**

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

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

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

**Software or POS Integration Questions Only**

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

**POS Software Integration:** Yes No

**Software Name & Version:**

**Notes:**

**MP/AP Name:**

**RP Name:**

**Pricing Provided:** Statement Analysis or Quote

**Receipt Header Message:**

**Receipt Footer Message:**