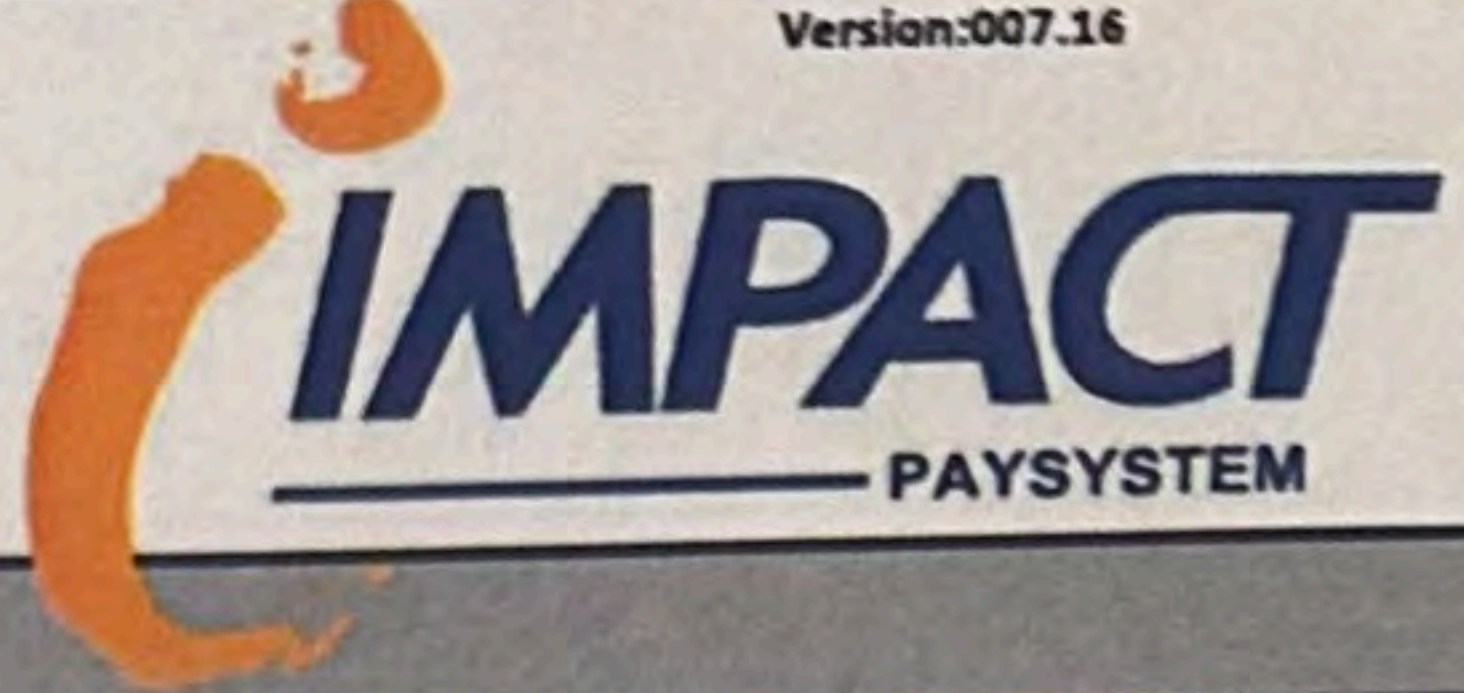


<b>Attached Required Document Checklist</b>		Date	Fax to : 901-692-9499	
Voided Check	<input type="checkbox"/>	Submitted:	email to:	
Business Verification Document	<input type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License	<input type="checkbox"/>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name:				
Business Legal Name:	Treasure Resource Center	Website:		
Contact Name:	Shanheria Conyers	Contact Phone Number:	(208) 828-7495	
Physical Address:	3848 Jeffrey Rd	City, State, Zip:	MOSS POINT MS	
Email Address:	TreasureResourceB@gmail.com	Phone #:	(208) 627-4540	
Billing Address:	Treasure Resource Center	City, State, Zip:	37062	
Biz Phone #:	(208) 828-7495	Biz Fax #:		EIN/Tax ID #: 99-1221307

**Business Type**

Corporation - Pick One:	Type:	Bus Open Date:	
Refund Policy:	Print Policy:	(If yes input refund message)	
Types of Goods Sold: Food Truck			

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

Officer/Owners Name:	Shanheria Conyers	Title:	Owner	Social Security:	428-451376
Home Address:	3848 Jeffrey Rd	City, State, Zip Code:	MOSS POINT MS		
Drivers License#:	800481685	Exp Date:	4/14/2027	State Issued:	
DOB:	4/14/1982	Home Phone#:	(208) 627-4540		
% of Business Owned:	%	Length of Ownership:			

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

**Terminal Questions (Circle your answer)**

Name of Bank	Regions	Batch Out Time (for nextday funding 7:00 PM):	
ABA Routing #	065305436	Communication Method:	
Account #	0351136325	Do you dial 9 for outside line?	-
Estimated Sales Volume		Terminal Type:	
Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equip. Rental Program:	
Average Ticket	\$	Next Day Funding:	
High Ticket	\$	Tip Edit:	
First two sections must equal 100% respectively		EFT:	FNS Number:

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

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

MOTO: % Internet: %

Program Type:

Notes:

Tax Calculation:

If so tax rate:

**Software or POS Integration Questions Only**

POS Software Integration:

Software Name & Version:

MP/AP Name:

RP Name:

Pricing Provided:

Receipt Header Message:

Receipt Footer Message: