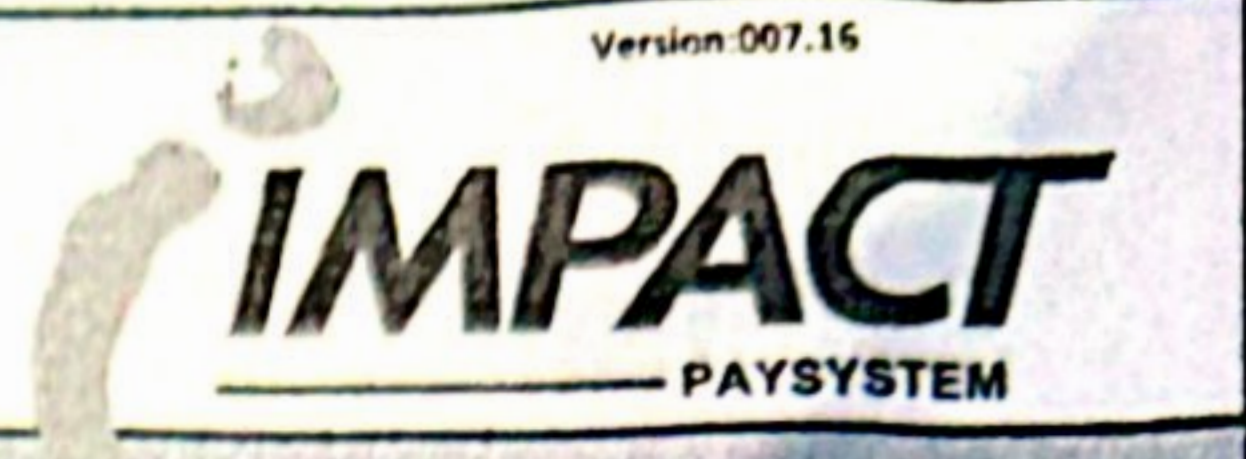


Attached Required Document Checklist	
Voided Check	<input type="checkbox"/>
Business Verification Document	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Fax to : 901-692-9499
 Date Submitted: _____
 email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Kennys Auto Repair Specialist

KARS Business Legal Name: Kennys Auto Repair Specialist Website: _____

Contact Name: Kenny St John Contact Phone Number: 205 965-8901

Physical Address: 45 Marietta Rd City, State, Zip: Springville, AL 35146
 Phone #: 205-965-8901

Email Address: kennystjohn161@gmail.com

Billing Address: 45 Marietta Road City, State, Zip: Springville, AL 35146

Biz Phone #: 205-467-7667 Biz Fax #: _____ EIN/Tax ID #: 63-1046605

Business Type

Corporation - Pick One: _____ Type: INC Bus Open Date: 1988

Refund Policy: Print Policy: _____ (If yes input refund message)

Types of Goods Sold:
Convenience Store

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

Officer/Owners Name: Kenneth St John Title: owner Social Security: 423-90-0916

Home Address: 190 Canoe Creek City, State, Zip Code: Springville, AL 35146

Drivers License#: 4453726 Exp Date: 5-24-2025 State Issued: AL

DOB: 5-22-1961 Home Phone#: 205 965-8901

% of Business Owned: 100 % Length of Ownership: 36 years

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

Terminal Questions (Circle your answer)

Name of Bank: Trust Batch Out Time (for nextday funding 7:00 PM): 7pm

ABA Routing #: 0602203984 Communication Method: _____

Account #: 1010000245347 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	\$ <u>40,000.00</u>	Equip. Rental Program:	•
Average Ticket	\$ <u>300.00</u>	Next Day Funding:	•
High Ticket	\$ <u>1050.00</u>	Tip Edit:	•

First two sections must equal 100% respectively

Card Swiped: 99% Card Keyed In: 1 % = 100% 0 Tax Calculation: _____ If so tax rate: _____

Software or POS Integration Questions Only

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

MOTO: _____ % Internet: _____ %

Program Type: _____

POS Software Integration: _____

Software Name & Version: _____

MP/AP Name: Holley Shirley

RP Name: Jennifer Slight

Pricing Provided: _____

Notes: Autobuxy
3.5070 to customer

Receipt Header Message: _____

Receipt Footer Message: _____