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

Merchant Application Submission Form

| | | | |
|-------------------------------|------------------|-----------------------|-----------------------|
| Merchant (Business) DBA Name: | Small Town Auto | | |
| Business Legal Name: | Small Town Auto | Website: | |
| Contact Name: | David Wolf | Contact Phone Number: | 205-999-9776 |
| Physical Address: | 121 Marietta Rd | City, State, Zip: | Springville, AL 35146 |
| Email Address: | stauto@gmail.com | Phone #: | 205-467-2958 |
| Billing Address: | 121 Marietta Rd | City, State, Zip: | Springville, AL 35146 |
| Biz Phone #: | 205-467-2958 | Biz Fax #: | |
| | | EIN/Tax ID #: | 141-666-2376 |

Business Type

| | | | | |
|---|---------------|----------|-------------------------------|------|
| Corporation - Pick One: | Type: | Soleprop | Bus Open Date: | 2012 |
| 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: | David Wolf | Title: | owner | Social Security: | 141-666-2376 |
| Home Address: | 386 Robinson Street | City, State, Zip Code: | Springville, AL | 35146 | |
| Drivers License#: | 6303260 | Exp Date: | 12-20-26 | State Issued: | AL |
| DOB: | 7-5-72 | Home Phone#: | 205-999-9776 | | |
| % of Business Owned: | 99% | Length of Ownership: | 12 years | | |

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

Terminal Questions (Circle your answer)

| | | | |
|---------------|-----------|---|-----|
| Name of Bank | Truist | Batch Out Time (for nextday funding 7:00 PM): | 7pm |
| ABA Routing # | 062203984 | Communication Method: | |
| Account # | 127847576 | 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 | \$ 20,000.00 | Equip. Rental Program: | |
| Average Ticket | \$ 400.00 | Next Day Funding: | |
| High Ticket | \$ 3,000.00 | Tip Edit: | |

First two sections must equal 100% respectively

EBT:

FNS Number:

| | | | | | | | |
|---------------|-----|------------------|----|---------------------|---|--|-----------------|
| Card Swiped: | 99% | Card Keyed In: | 1% | = 100% ⁰ | Tax Calculation: | | If so tax rate: |
| Card Present: | % | Card Not Present | % | = 100% ⁰ | Software or POS Integration Questions Only | | |
| MOTO: | % | Internet: | % | | POS Software Integration: | | |
| Program Type: | | | | | Software Name & Version: | | |

Notes: 1.7% plus \$0.25 for debit
3% pass to customer on credit
\$10/month charge VL100

| | |
|-------------------|-----------------|
| MP/AP Name: | Holley Shirley |
| RP Name: | Jennifer Slight |
| Pricing Provided: | |

Receipt Header Message:

Receipt Footer Message: