


|  |                    |                                       |  |
|--|--------------------|---------------------------------------|--|
| Attached Required Document Checklist                               | Date               | Fax to: 901-692-9499                  |  |
| Voided Check <input checked="" type="checkbox"/>                   | Submitted: 8-22/24 | email to: applications@impactpays.net |  |
| Business Verification Document <input checked="" type="checkbox"/> |                    |                                       |  |
| Copy of Drivers License <input checked="" type="checkbox"/>        |                    |                                       | Version: 005   |

Merchant Application Submission Form

Merchant (Business) DBA Name: Same as Legal  
 Business Legal Name: Whiteville Medical Center LLC  
 Contact Name: Mary Ann Lockhart Contact Phone Number: 901-483-5370  
 Physical Address: 2400 Hwy 64 City, State, Zip: Whiteville TN 38075  
 Phone Number: 731-254-8999 Fax Number:  
 Email Address: Whitevillefamilymedical@yahoo.com Website:  
 Billing Address: Same City:  
 State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 2010  
 LLC - circle one: Corp Sole Prop Partner Disregarded entity  
 Sole Prop Other: Partnership  
 EIN/Federal Tax ID# 99-4567308 Print Refund Policy on Footer:   
 Types of Goods Sold: Medical care (If yes input message in notes)

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

Officer/Owners Name: Mary A. Lockhart Title: owner Social Security: 409-57-9289  
 Home Address: 6205 Greenlee St City, State, Zip Code: Arlington TN 38002  
 Drivers License#: 088844793 Expiration Date: 10/5/24 State: TN  
 DOB: 1-10-82 Home Phone Number: 901-483-5370  
 % of Business Owned: 100 % Length of Ownership: 8/22/24

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

Terminal Questions (Circle your answer)

Name of Bank: Bank of FC Batch Out Time:  
 ABA Routing #: 084304337 Communication Method:  Internet  Toll phone  
 Account #: 10289771 Do you dial 9 for outside line? Yes  No   
 Estimated Sales Volume Terminal Type: Valor  
 Estimated Annual Sales (All sales) \$ Reprogram Terminal: Yes  No   
 Estimated Visa/MC/Discover Sales \$220K Equipment Purchase: Yes  No   
 Estimated Monthly Visa/MC/Discover/AMEX Sales \$18K Equipment Rental Program: Yes  No   
 Average Ticket \$50 Next Day Funding: Yes  No   
 High Ticket \$3K Tip Edit: Yes  No

First two sections must equal 100% respectively

Card Swiped: 99 % Card Keyed In: 1 % = 100% EBT: Yes  No  FMS Number:  
 Card Present: 99 % Card Not Present 1 % = 100% Tax Calculation: Yes  No  If so tax rate: %

Software or POS Integration Questions Only

MOTO: % Internet: % POS Software Integration: Yes  No   
 Traditional  IBUX  SimpleBux  PrimeBux Software Name & Version:

Notes: Will confirm before contract compiled if trad or IBUX  
 MP/AP Name: Tricia W  
 RP Name: Bank of FC  
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:  
 Receipt Footer Message: