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Merchant Application Submission Form

Merchant (Business) DBA Name: *Olde School Tool Repair LLC*

Business Legal Name: *SAME*

Contact Name: *Scott Aldrich* Contact Phone Number: *706 825-8548*

Physical Address: *1739 Gordon Hwy* City, State, Zip: *Augusta GA 30904*

Phone Number: *706-854-8548* Fax Number: *-*

Email Address: *ostr1739@gmail.com* Website: *Nu-science.lube.com*

Billing Address: *PO BOX* City: *Augusta*

State: *GA* Zip: *-*

**Business Type**

Corporation - circle one:  Private or Public Business Start Date: *January 2013*

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

Sole Prop Other:  Partnership  EIN/Federal Tax ID# *46091704* Print Refund Policy on Footer:  Yes  No (if yes input message in notes)

Types of Goods Sold: *Re*

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

Officer/Owners Name: *Copy Matt* Title: *-* Social Security: *-*

Home Address: *1739 Gordon Hwy* City, State, Zip Code: *Augusta GA 30904*

Drivers License#: *-* Expiration Date: *-* State: *GA*

DOB: *-* Home Phone Number: *706-854-8548* *Matt McFarland*

% of Business Owned: *75%* Length of Ownership: *11 Years Value*

Banking Information ** No starter checks or deposit slips accepted **	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <i>6:00 PM</i>
ABA Routing #	Communication Method: <input checked="" type="radio"/> IP-internet or <input type="radio"/> Dial-phone
Account #	Do you dial 9 for outside line? Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Sales Volume	Terminal Type: <i>Value   Value Rocket</i>
Estimated Annual Sales (All sales) <i>\$250,000.00</i>	Reprogram Terminal: Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Visa/MC/Discover Sales <i>\$</i>	Equipment Purchase: Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Monthly Visa/MC/Discover/AMEX Sales <i>\$10,000.00</i>	Equipment Rental Program: Yes <input type="radio"/> No <input checked="" type="radio"/>
Average Ticket <i>\$350.00</i>	Next Day Funding: Yes <input type="radio"/> No <input checked="" type="radio"/>
High Ticket <i>\$7000.00</i>	Tip Edit: Yes <input type="radio"/> No <input checked="" type="radio"/>
First two sections must equal 100% respectively	EBT: Yes <input checked="" type="radio"/> No <input type="radio"/> FNS Number: <i>-</i>
Card Swiped: <i>0</i> % Card Keyed In: <i>0</i> % =100%	Tax Calculation: Yes <input type="radio"/> No <input checked="" type="radio"/> If so tax rate: <i>0</i> %
Card Present: <i>90</i> % Card Not Present <i>10</i> % =100%	Software or POS Integration Questions Only
MOTO: <i>-</i> % Internet: <i>-</i> %	POS Software Integration: Yes <input type="radio"/> No <input checked="" type="radio"/>
Traditional <input type="checkbox"/> IBUXK <input type="checkbox"/> SimpleBuxk <input type="checkbox"/> PrimeBuxk	Software Name & Version: <i>-</i>
Notes: <i>1st Free</i>	MP/AP Name: <i>-</i>
<i>2nd 9.95</i>	RP Name: <i>-</i>
	Pricing Provided: Statement Analysis or Quote <i>*</i>

Receipt Header Message: *Olde School Tool Repair LLC*

Receipt Footer Message: *706-854-8548*

*1 add tip / Time of sale / after*

*optional value -> 2.75 / .75 % Percent*

*customer*