



Date Submitted: Dec, 19 2024 19:43pm

**Merchant Application Submission Form**

Merchant (Business) DBA Name: <b>Test of Link Submission</b>
Contact Name: <b>Charlotte Groff</b>
Phone Number: <b>9016010032</b>
Email Address: <b>charlotte@impactpays.com</b>
Business Legal Name: <b>Testing CRM LLC</b>
Contact Phone Number: <b>9016010032</b>
Physical Address: <b>1164 Vickery Lane, Cordova, TN, USA</b>
City: <b>Cordova</b>
State: <b>TN</b>
Country: <b>USA, 38016</b>
Fax Number:
Website:

**Business Type**

State Incorporated In: <b>Tennessee (TN)</b>
Type of Legal Entity: <b>LLC</b>
Business Type: <b>Retail</b>
Sub Business Type: <b>Key-Entered</b>
Business Start Date: <b>Jan, 01 2000</b>
EIN/Federal Tax ID Type#: <b>Employer Identification Number</b>
EIN/Federal Tax ID#: <b>99-1234567</b>
City, State, Country, Zip: <b>Collierville, TN, , 38017</b>
Types Of Goods Sold: <b>Credit card processing</b>

**Terminal Questions**

Batch Out Time: <b>11:00 AM</b>
Communication Method: <b>IP-internet</b>
Do You Dial 9 For Outside Line?: <b>No</b>
Reprogram Terminal: <b>No</b>
Equipment Purchase: <b>No</b>
Equipment Rental Program: <b>Yes</b>
Next Day Funding: <b>Yes</b>
Tip Edit: <b>No</b>
EBT: <b>No</b>
FNS Number:
Tax Calculation: <b>No</b>
If So Tax Rate: %
Refund Policy: <b>None</b>
Print Refund Policy On Footer: <b>No</b>

**Software Or POS Integration Questions Only**

POS Software Integration: <b>No</b>
MP/AP Name: <b>Charlotte Groff</b>
Receipt Header Message:
Receipt Footer Message:
Software Name & Version:
RP Name:

Pricing Provided: Quote

#### Billing Address

Address: 1164 Vickery Lane, Cordova, TN, USA

State: TN

City: Cordova

Country: USA

Zip: 38016

#### Ownership Information

### Owner 1 Information

Officer/Owners Name: Dee karawadra

Title: CEO

Home Address: 1234 Testing St

Drivers License#: 00123987

DOB: Jun, 01 1965

Home Phone Number: 901-517-0002

Social Security: 123-45-6789

City, State, Zip Code: Collierville, TN, , 38017

Form of ID: Drivers License

Issue Date: Jun, 01 1970

Expiration Date: Jun, 01 2026

State: TN

% Of Business Owned: 100

Length Of Ownership: 24 years

#### Banking Information

Billing Type: Gross Settlement

Name Of Bank: Regions

Account #: 0011111111

ABA Routing #: 064000017

#### Estimated Sales Volume

Estimated Annual Sales Visa/MC/Discover/ AMEX Sales : \$1200000

Estimated Monthly Visa/MC/Discover/ AMEX Sales: \$200000

Average Ticket: \$500

High Ticket: \$10000

#### Business Profile

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

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

MOTO 100% Internet 0% IBUXX

Note: