Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check ☐		email to: applications@impactpays.net	
Business Verification Document ☐			
Copy of Drivers License ☐			
Date Submitted:			

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name:

Contact Name: **Contact Phone Number:**

Physical Address: **City, State, Zip:**

Phone Number: **Fax Number:**

Email Address: **Website:**

Billing Address: **City:**

State: **Zip:**

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop **Other:**

Partnership

Business Start Date:

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID#

Types of Goods Sold:

Print Refund Policy on Footer: Yes No (If yes input message in notes)

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

Officer/Owners Name: **Title:** **Social Security:**

Home Address: **City, State, Zip Code:**

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

DOB: **Home Phone Number:**

% of Business Owned: _____% **Length of Ownership:**

Banking Information (a voided check or a DDA verification letter from the bank is required) ** No starter checks or deposit slips accepted**

Name of Bank

ABA Routing #

Account #

Estimated Sales Volume

Estimated Annual Sales (All sales)	$
Estimated Visa/MC/Discover Sales	$
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$
Average Ticket	$
High Ticket	$

First two sections must equal 100% respectively

Card Swiped: **% Card Keyed In:** **% = 100%**

Card Present: **% Card Not Present** **% =100%**

MOTO: **%** **Internet:** **%**

Traditional **IBUXX** **SimpleBuxx** **PrimeBuxx**

Notes:

Terminal Questions

Batch Out Time:

Communication Method: IP-internet or Dial-phone

Do you dial 9 for outside line? Yes No

Terminal Type:

Reprogram Terminal: Yes No

Equipment Purchase: Yes No

Equipment Rental Program: Yes No

POS Software Integration: Yes No

Software Name & Version:

Next Day Funding: Yes No

Tip Edit: Yes No

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Version: 005