Attached Required Document Checklist	Date Submitted:	Fax to : 901-692-9499	IMPACT PAYMENT PARTNERS
Voided Check ☑	8/29/24	email to: applications@impactpays.net	Version: 005
Business Verification Document ☐			
Copy of Drivers License ☑			

Merchant Application Submission Form

Merchant (Business) DBA Name:	Beacon Audit Solutions		
Business Legal Name:	Beacon Audit Solutions INC.		
Contact Name:	Twinkle Patel	**Contact Phone Number:**	828-421-6683
Physical Address:	636 Calthrope Ln	**City, State, Zip:**	Knoxville TN 37912
Phone Number:	828-421-6683	**Fax Number:**	
Email Address:	Info@beaconaudit.com	**Website:**	
Billing Address:	Same	**City:**	
State:		**Zip:**	

Business Type

Corporation - circle one: Private or Public		**Business Start Date:**	New for credit cards/ 1 yea
LLC - circle one: C corp S corp P partner D disregarded entity		**Refund Policy:** 30 days 60 days Other None	
Sole Prop Other:	**EIN/Federal Tax ID#**	93-4981065	**Print Refund Policy on Footer:** Yes No (If yes input message in notes)
Partnership	**Types of Goods Sold:**		

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

Officer/Owners Name:	Twinkle Bipin Patel	**Title:** owner	**Social Security:** 292-90-8864
Home Address:	56 Amos CT	**City, State, Zip Code:**	Maggie Valley NC 28751
Drivers License#:	000031908720	**Expiration Date:**	5/28/26 **State:** NC
DOB:	5/28/85	**Home Phone Number:**	
% of Business Owned:	50 %	**Length of Ownership:**	

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

Name of Bank	Truist
ABA Routing #	064208165
Account #	1430003389632

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 1.6mil
Estimated Visa/MC/Discover Sales	$
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$
Average Ticket	$100.00
High Ticket	$2K

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 (Circle your answer)

Batch Out Time:	7p.m
Communication Method:	IP-internet or Dial-phone
Do you dial 9 for outside line?	Yes No
Terminal Type:	virtual
Reprogram Terminal:	Yes No
Equipment Purchase:	Yes No
Equipment Rental Program:	Yes No
Next Day Funding:	Yes No
Tip Edit:	Yes No
EBT:	Yes No FNS Number:
Tax Calculation:	Yes No If so tax rate: _____%

Software or POS Integration Questions Only

POS Software Integration:	Yes (No)
Software Name & Version:	
MP/AP Name:	
RP Name:	
Pricing Provided:	Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: