

Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	 Version: 005
Voided Check ☒		11-15-13	email to: applications@impactpays.net	
Business Verification Document ☒				
Copy of Drivers License ☒				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Ellis Cleaners - Collierville</u>				
Business Legal Name: <u>Ellis Cleaners LLC</u>				
Contact Name: <u>Kathy Ellis</u>		Contact Phone Number: <u>901 258 0352</u>		
Physical Address: <u>652 West Poplar</u>		City, State, Zip: <u>Collierville TN 38017</u>		
Phone Number: <u>901 853-9386</u>		Fax Number:		
Email Address: <u>Wellis1951@ATT.net</u>		Website:		
Billing Address: <u>Same</u>		City:		
State:		Zip:		
Business Type				
Corporation - circle one: <u>Private</u> or Public		Business Start Date: <u>11-2008</u>		
<u>LLC</u> circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other <u>None</u>		
Sole Prop Other:		EIN/Federal Tax ID# <u>27-0663793</u>	Print Refund Policy on Footer: Yes <u>No</u>	
Partnership		Types of Goods Sold: <u>day cleaning</u>		(If yes input message in notes)
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>William Donald Ellis</u> Title: <u>OWNER</u> Social Security: <u>414-80-1638</u>				
Home Address: <u>1860 Nelson Ave.</u> City, State, Zip Code: <u>Memphis TN 38114</u>				
Drivers License#: <u>035703985</u> Expiration Date: <u>6-8-14</u> State: <u>TN</u>				
DOB: <u>8-3-51</u> Home Phone Number: <u>901 258 0352</u>				
% of Business Owned: <u>100</u> % Length of Ownership: <u>15 years</u>				
Banking Information: **No starters checks or deposits accepted**		Terminal Questions (Circle your answer)		
Name of Bank: <u>Simmons BANK</u>		Batch Out Time: <u>7:00</u>		
ABA Routing #: <u>082 900 432</u>		Communication Method: IP-internet or Dial-phone <u>Wi-Fi</u>		
Account #: <u>151 000 150 12834</u>		Do you dial 9 for outside line? Yes <u>No</u>		
Estimated Sales Volume		Terminal Type: <u>Vendor</u>		
Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes	<u>No</u>
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	<u>Yes</u>	No
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program:	Yes	<u>No</u>
Average Ticket <u>See Statement 5</u>	\$	Next Day Funding:	<u>Yes</u>	No
High Ticket <u>3.95%</u>	\$	Tip Edit:	Yes	<u>No</u>
First two sections must equal 100% respectively		EBT: Yes <u>No</u> FNS Number:		
Card Swiped: <u>98</u> % Card Keyed In: <u>2</u> % = 100%	Tax Calculation: Yes <u>No</u> If so tax rate: %			
Card Present: <u>98</u> % Card Not Present: <u>2</u> % = 100%	Software or POS Integration Questions Only			
MOTO: <u>0</u> % Internet: %	POS Software Integration: Yes <u>No</u>			
Traditional <u>IBUX</u> SimpleBux PrimeBux	Software Name & Version:			
Notes: <u>Buy the terminal</u>		MP/AP Name: <u>Cope/And</u>		
<u>split IBUX see client pay 1/2</u>		RP Name:		
Pricing Provided: Statement Analysis or Quote				
Receipt Header Message: <u>THANK YOU FOR YOUR BUSINESS</u>				
Receipt Footer Message: <u>THANK YOU FOR YOUR BUSINESS</u>				