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

Merchant Application Submission Form

Merchant (Business) DBA Name:	Joes Pizza & Pasta of Fairview Heights		
Business Legal Name:	Joes Pizza & Pasta Fairview		
Contact Name:	Abigail Thompson	Contact Phone Number:	618-381-3135
Physical Address:	4628 N. Illinois St.	City, State, Zip:	Fairview Heights, IL 62269
Phone Number:	618-416-4464	Fax Number:	
Email Address:	anelson0414@gmail.com	Website:	joespizzafairview.com
Billing Address:	4628 N. Illinois St.	City:	Fairview Heights
State:	IL	Zip:	62208
Business Type	Restaurant		

Corporation - circle one: Private or Public	Business Start Date:	8/17/2017
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#	82- 2353603
Partnership	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:	Abigail Thompson	Title: President	Social Security: 335-78-5046
Home Address:	305 Thorne Creek Ct.	City, State, Zip Code:	O'fallon, IL 62269
Drivers License#:	T512-0108-7707	Expiration Date: 04/14/25	State: IL
DOB:	04/14/1987	Home Phone Number:	618-381-3135
% of Business Owned:	51 %	Length of Ownership:	5 yrs.

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: 4 am
ABA Routing #	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) $	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales $	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales $	Equipment Rental Program: Yes No
Average Ticket $	Next Day Funding: Yes No
High Ticket $	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: % Card Keyed In: % =100%	Tax Calculation: Yes No If so tax rate: ____%
Card Present: % Card Not Present % =100%	**Software or POS Integration Questions Only**
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes:	MP/AP Name:
	RP Name:
	Pricing Provided: Statement Analysis or Quote
Receipt Header Message:	
Receipt Footer Message:	