Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	Version:007.16
Voided Check	☐		email to: applications@impactpays.net	IMPACT PAYSYSTEM
Business Verification Document	☐			
Copy of Drivers License	☐			

Merchant Application Submission Form

Merchant (Business) DBA Name:	Jonesboro Diesel and Trailer Inc				
Business Legal Name:	Jonesboro Diesel and Trailer Inc			**Website:**	
Contact Name:	Ken Cruce		**Contact Phone Number:**		
Physical Address:	203 Henry Drive		**City, State, Zip:**	Bono, AR 72403	
Email Address:	jonesborodieselandtrailer@hotmail.com			**Phone #:**	870-932-7597
Billing Address:	Same as above		**City, State, Zip:**		
Biz Phone #:		**Biz Fax #:**	870-932-7854	**EIN/Tax ID #:**	710803505

Business Type

Corporation - Pick One:	Private	**Type:**	C-Corp	**Bus Open Date:**	1/1/1998
Refund Policy:	None	**Print Policy:**	.	(If yes input refund message)	

Types of Goods Sold:

Diesel and Trailer Repair

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

Officer/Owners Name:	Ken Cruce		**Title:** Owner	**Social Security:**	431-86-4365
Home Address:	2000 Arrowhead Farm Rd		**City, State, Zip Code:**	Jonesboro, AR 72401	
Drivers License#:	918531976	**Exp Date:**	10/31/2026	**State Issued:**	AR
DOB:	10/31/1944	**Home Phone#:**	870-972-9102		
% of Business Owned:	100 %	**Length of Ownership:**	24 yrs		

Banking Information ** No starter checks or deposit slips accepted**		**Terminal Questions (Circle your answer)**	
Name of Bank	Arvest Bank	**Batch Out Time (for nextday funding 7:00 PM):**	5:00 PM
ABA Routing #	082900872	**Communication Method:**	IP-Internet (Wired)
Account #	1243926	**Do you dial 9 for outside line?**	.

Estimated Sales Volume		**Terminal Type:**	
Estimated Annual Sales (All sales)	$	**Reprogram Terminal:**	.
Estimated Visa/MC/Discover Sales	$	**Equipment Purchase:**	.
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$ 3000.00	**Equip. Rental Program:**	.
Average Ticket	$ 700.00	**Next Day Funding:**	.
High Ticket	$ 5000.00	**Tip Edit:**	.

First two sections must equal 100% respectively				**EBT:**	.	**FNS Number:**	
Card Swiped:	100 %	**Card Keyed In:**	% =100% 100	**Tax Calculation:**			**If so tax rate:**
Card Present:	%	**Card Not Present**	% =100% 0	**Software or POS Integration Questions Only**			
MOTO:	%	**Internet:**	%	**POS Software Integration:**	.		
Program Type:	iBuxx			**Software Name & Version:**			
Notes:				**MP/AP Name:**			
				RP Name:			
				Pricing Provided:			

Receipt Header Message:

Receipt Footer Message: