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

Merchant Application Submission Form

Merchant (Business) DBA Name:	Joe's Pizza of Vandalia		
Business Legal Name:	MJC Vandalia, Inc.		
Contact Name:	Joey Truptano	Contact Phone Number:	217-240-0831
Physical Address:	1227 N. 4th	City, State, Zip:	Vandalia, IL 62471
Phone Number:	618-283-9105	Fax Number:	
Email Address:	joespizzaeffingham@yahoo.com	Website:	orderjoes.com
Billing Address:	1227 N. 4th	City:	Vandalia
State:	IL	Zip:	62471

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# 46-2689936

Types of Goods Sold: Restaurant

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:	See Attached	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 ** No starter checks or deposit slips accepted**

Name of Bank: See Attached

ABA Routing #

Account #

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 800K
Estimated Visa/MC/Discover Sales	$ 650K
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$
Average Ticket	$ 40.00
High Ticket	$ 3500.00

First two sections must equal 100% respectively

Card Swiped: 90 % Card Keyed In: 10 % =100%

Card Present: 90 % Card Not Present 10 % =100%

MOTO: % Internet: %

(Traditional) IBUXX SimpleBuxx PrimeBuxx

Notes:

Terminal Questions (Circle your answer)

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)
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:

Owners & Percentages of Ownership

Joe's Pizza of Vandalia
MJC Vandalia, Inc.

Joey Trupiano	33.33%
Emanuele Trupiano	33.33%
Ben Davis	33.33%

Name	Joey Trupiano
Title	Owner
SSN	318-74-9476
Home Address	13328 Augusta National Dr., Effingham, IL 62401
Driver's License #, Exp. Date, State	T615-4808-1209, 7/23/2023, Illinois
DOB	7/23/1981
Phone Number	(217)240-0831
Length of Ownership	5/2/2013

Name	Emanuele Trupiano
Title	Owner
SSN	334-64-8562
Home Address	11135 E. Cambridge Ln., Effingham, IL 62401
Driver's License #, Exp. Date, State	T615-2007-6346, 12/5/2024, Illinois
DOB	12/5/1976
Phone Number	(217)240-0833
Length of Ownership	5/2/2013

Name	Ben Davis
Title	Owner
SSN	478-25-6103
Home Address	1023 N. Walnut St., St. Elmo, IL 62458
Driver's License #, Exp. Date, State	D-120-0639-5176
DOB	6/21/1995
Phone Number	(618)367-5899
Length of Ownership	1/1/2020

6206

Joe's Pizza of Vandalia
1227 North 4th Street
Vandalia, IL 62471
618-283-9105

70-454/812

DATE _____

PAY
TO THE
ORDER OF _____ $

_____ DOLLARS

Security Features Included Details on Back

VOID

Midland States Bank

MP

FOR _____

⑈006206⑈ ⑆081204540⑆ ⑈9900045491⑈