

Attached Required Document Checklist		Date	Fax to : 901-692-9499		 Version:007.16	
Voided Check		Submitted:	email to: applications@impactpays.net			
Business Verification Document						
Copy of Drivers License						
Merchant Application Submission Form						
Merchant (Business) DBA Name:						
Business Legal Name:				Website:		
Contact Name:				Contact Phone Number:		
Physical Address:				City, State, Zip:		
Email Address:					Phone #:	
Billing Address:				City, State, Zip:		
Biz Phone #:			Biz Fax #:		EIN/Tax ID #:	
Business Type						
Corporation - Pick One:			Corp Type:		Bus Open Date:	
Refund Policy:				Print Policy:	(If yes input refund message)	
Types of Goods Sold:						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:				Title:	Social Security:	
Home Address:				City, State, Zip Code:		
Drivers License#:			Exp Date:		State Issued:	
DOB:			Home Phone#:			
% of Business Owned:		%	Length of Ownership:			
Banking Information ** No starter checks or deposit slips accepted **				Terminal Questions (Circle your answer)		
Name of Bank				Batch Out Time (for nextday funding 7:00 PM):		
ABA Routing #				Communication Method:		
Account #				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 \$			Equip. Rental Program:			
Average Ticket \$			Next Day Funding:			
High Ticket \$			Tip Edit:			
First two sections must equal 100% respectively				EBT:		FNS Number:
Card Swiped:	%	Card Keyed In:	%	Tax Calculation:		If so tax rate:
Card Present:	%	Card Not Present	%	Software or POS Integration Questions Only		
MOTO:	%	Internet:	%	POS Software Integration:		
Program Type:				Software Name & Version:		
Notes:				MP/AP Name:		
				RP Name:		
				Pricing Provided:		
Receipt Header Message:						
Receipt Footer Message:						