Attached Document Checklist	
Voided Check	☐
Copy of Drivers License	☐

Fax to : 901-692-9499
email to:
applications@impactpays.net

IMPACT PAYMENT PARTNERS

Merchant Application Submission Form

Merchant (Business) DBA Name: Southaven RV Park

Business Legal Name: AMJI Investment Group

Contact Name: Kush Shah **Contact Phone Number:** 9012928972

Physical Address: 270 E Stateline Rd **City, State, Zip:** Southaven, MS 38671

Phone Number: 662-393-8585 **Fax Number:**

Email Address: kushal517@gmail.com **Website:**

Billing Address: 270 E Stateline Rd **City:** Southaven

State: MS **Zip:** 38671

Business Type

☐ Corporation
☒ Limited Liability
☐ Sole Prop
☐ Partnership
☐ Other

Business Start Date: 02/2014
Business Type:
% of Business Owned: 100 % **Length of Ownership:** _____
Types of Goods Sold:
Federal Tax ID# 46-5011841 **Refund Policy?**

Ownership Infromation

Officer/Owners Name: Kushal Shah **Title:** Partner **Social Security:** 251956426

Home Address: 1991 Kirbywills Cv **City, State, Zip Code:** Memphis, TN 38119

Drivers License#: TN 107206906 **Expiration Date:** 05/17/20 **State:** TN

DOB: 5/17/1980 **Home Phone Number:** 9012928972

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank Bancorp South

City Southaven **State** MS **Zip** 38671

ABA Routing # 084201278

Account # 74720020

Estimated Sales Volume

Estimated Annual Sales (All sales)	$ 300,000
Estimated Visa/MC/Discover Sales	$ 150,000
Estimated Amex Sales	$ 50,000
Average Ticket	$
**Highest Ticket	$

% Card Swiped	%
% Card Keyed In	%
%Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Terminal Questions

Batch Out Time:
Communication Method:
Dial ☐ **IP-Internet** ☐
Do you dial 9 for outside line?
Terminal Type
Equipment Purchase ☐
Equipment Replacement Program ☐
PIN Debit Pin Pad ☐
POS SOFTWARE ☐
Software Name & Version:
Next Day Funding (Yes or No):
Tip Edit (Yes or No):

Managing Partner

Managing Partner Name	
Date Submitted	

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: