

Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	
Voided Check	☐		email to: applications@impactpays.net	
Business Verification Document	☐			
Copy of Drivers License	☐			
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Marsh Landing Bar & Grill</u>				
Business Legal Name:			Website:	
Contact Name: <u>Nicole West</u>		Contact Phone Number: <u>228-990-1931</u>		
Physical Address: <u>5544 Main Street</u>		City, State, Zip: <u>Moss Point MS</u>		
Email Address: <u>NWest8289@gmail.com</u>		Phone #: <u>228-202-1166</u>		
Billing Address:		City, State, Zip: <u>Moss Point MS 39565</u>		
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:
Business Type				
Corporation - Pick One: <u>LLC</u>		Type:	Bus Open Date: <u>March 2020</u> (If yes input refund message)	
Refund Policy:		Print Policy:		
Types of Goods Sold: <u>Food + Drinks</u>				
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Nicole West</u>		Title: <u>Owner</u>	Social Security: <u>587-77-3598</u>	
Home Address: <u>6604 Skeeter Branch</u>		City, State, Zip Code: <u>Lucedale MS</u>		State Issued: <u>MS</u>
Drivers License #:		Exp Date:		
DOB: <u>9-20-94</u>		Home Phone #: <u>228-990-1931</u>		
% of Business Owned: <u>100%</u>		Length of Ownership:		
Banking Information ** No starter checks or deposit slips accepted **				
Name of Bank: <u>Merchants + Marine</u>		Batch Out Time (for nextday funding 7:00 PM): <u>12am</u>		
ABA Routing #: <u>10112503561</u>		Communication Method: <u>internet</u>		
Account #: <u>065361362</u>		Do you dial 9 for outside line? <u>-</u>		
Estimated Sales Volume		Terminal Type: <u>Clover FBUXX</u>		
Estimated Annual Sales (All sales) \$ <u>480K</u>		Reprogram Terminal:		
Estimated Visa/MC/Discover Sales \$ <u>320K</u>		Equipment Purchase: <u>6 month plan</u>		
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ <u>50,000</u>		Equip. Rental Program: <u>Yes</u>		
Average Ticket \$ <u>20</u>		Next Day Funding: <u>Yes</u>		
High Ticket \$ <u>100</u>		Tip Edit: <u>Yes</u>		
First two sections must equal 100% respectively		EBT: <u>NO</u>		FNS Number:
Card Swiped: <u>100%</u> Card Keyed In: <u>0%</u> = 100% <u>0</u>		Tax Calculation:		
Card Present: <u>70%</u> Card Not Present <u>30%</u> = 100% <u>0</u>		If so tax rate:		
MOTO: <u>0%</u> Internet: <u>100%</u>		Software or POS Integration Questions Only		
Program Type:		POS Software Integration:		
Notes:		Software Name & Version:		
		MP/AP Name: <u>Christie Harris</u>		
		RP Name:		
		Pricing Provided:		
Receipt Header Message: <u>Marsh Landing Bar & Grill</u>				
Receipt Footer Message: <u>Thank you for supporting my Business.</u> <u>Have a Blessed Day</u>				