

Attached Required Document Checklist		Date	Fax to : 901-692-9499		
Voided Check	☒	Submitted:	email to:		
Business Verification Document	☒	6-12-24	applications@impactpays.net		
Copy of Drivers License	☒				
Merchant Application Submission Form					
Merchant (Business) DBA Name: 101 W. Court Square					
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:		Type:	Bus Open Date:		
Refund Policy:		Print Policy:	(If yes input refund message)		
Types of Goods Sold:					
restaurant					
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 **					
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					
Card Swiped:		Card Keyed In:		Tax Calculation:	
Card Present:		Card Not Present:		If so tax rate:	
MOTO:		Internet:		Software or POS Integration Questions Only	
Program Type:		POS Software Integration:			
Notes:		Software Name & Version:			
		MP/AP Name:			
		RP Name:			
		Pricing Provided:			
Receipt Header Message:					
Receipt Footer Message:					