

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

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



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: OPP Stockyard, - Small Animals
 Business Legal Name: _____
 Contact Name: Kristian Nikole Shae Contact Phone Number: Knight 850-222-5562
 Physical Address: 1572 Matthews Rd City, State, Zip: Defuniak Springs FL 32433
 Phone Number: same Fax Number: _____
 Email Address: _____ Website: _____
 Billing Address: 2369 Hwy 179 A City: Westville
 State: FL Zip: 32464

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: March 19, 2022
 Refund Policy: 30 days 60 days Other (None)
 EIN/Federal Tax ID# _____ Print Refund Policy on Footer: Yes No
 Types of Goods Sold: _____ (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Kristian Nikole Shae ^{Ann Knight} Title: owner Social Security: 592198935
 Home Address: 1572 Matthews Road City, State, Zip Code: Defuniak Springs FL 32433
 Drivers License#: K5 23-517-92-506-0 Expiration Date: _____ State: _____
 DOB: 1/6/1992 Home Phone Number: _____
 % of Business Owned: 100 % Length of Ownership: March 2022 OPEN DATE

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank _____ Batch Out Time: _____
 ABA Routing # _____ Communication Method: IP-internet or Dial-phone
 Account # _____ Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>Estimated \$10,000</u>	Reprogram Terminal:	Yes	<u>No</u>
Estimated Visa/MC/Discover Sales	<u>\$</u>	Equipment Purchase:	Yes	<u>No</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$3500</u>	Equipment Rental Program:	Yes	<u>No</u>
Average Ticket	<u>\$200</u>	Next Day Funding:	<u>Yes</u>	No
High Ticket	<u>\$2000</u>	Tip Edit:	Yes	<u>No</u>

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % = 100%
 Card Present: % Card Not Present % = 100%
 EBT: Yes No FNS Number: _____
 Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 Software Name & Version: _____
 MP/AP Name: _____
 RP Name: _____
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____
 Receipt Footer Message: _____

WKS 1/10/22