


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>		email to:	
Copy of Drivers License <input type="checkbox"/> HAVE			applications@impactpays.net	
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>OLE Liquor Cabinet</u>				
Business Legal Name:				
Contact Name: <u>Agustin Angel</u>		Contact Phone Number: <u>217-821-4655</u>		
Physical Address: <u>2003 S Banker</u>		City, State, Zip: <u>Effingham IL 62401</u>		
Phone Number: <u>217-347-8991</u>		Fax Number:		
Email Address:		Website:		
Billing Address:		City:		
State:		Zip:		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>2017</u>		
LLC - circle one: C corp <input checked="" type="checkbox"/> S corp <input type="checkbox"/> P partner <input type="checkbox"/> D disregarded entity <input type="checkbox"/>		Refund Policy: 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/>		
Sole Prop Other:		EIN/Federal Tax ID# <u>84-2778489</u>		Print Refund Policy on Footer: Yes No
Partnership		Types of Goods Sold: <u>Liquor</u>		(If yes input message in notes)
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Agustin Angel</u>		Title: <u>owner</u>		Social Security:
Home Address:		City, State, Zip Code:		
Drivers License#:		Expiration Date:		State:
DOB:		Home Phone Number:		
% 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: <u>2AM</u>		
ABA Routing #		Communication Method: <input checked="" type="checkbox"/> IP-internet <input type="checkbox"/> or Dial-phone		
Account #		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales)	<u>\$ 800,000</u>	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	<u>\$ 700,000</u>	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$ 60,000</u>	Equipment Rental Program:	Yes	No
Average Ticket	<u>\$ 35.40</u>	Next Day Funding:	Yes	No
High Ticket	<u>\$ 300</u>	Tip Edit:	Yes	No
First two sections must equal 100% respectively		EBT: Yes No FNS Number:		
Card Swiped: <u>100</u> % Card Keyed In: % = 100%		Tax Calculation: Yes No If so tax rate: %		
Card Present: <u>100</u> % Card Not Present: % = 100%		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration: Yes No		
Traditional IBUXX SimpleBuxx PrimeBuxx		Software Name & Version:		
Notes: <u>IBT # 43331505</u>		MP/AP Name:		
<u>Illinois Business Tax - IBUXX -</u>		RP Name:		
Receipt Header Message:		Pricing Provided: Statement Analysis or Quote		