

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:
01/29

Fax to : 901-692-9499

email to:
applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: **Raney Recording Studio Duplication and Print**

Business Legal Name:

Contact Name: **Jon Raney** Contact Phone Number: **8706683222**Physical Address: **110 South Front Street** City, State, Zip: **Drasco, Arkansas 72530**Phone Number: **8706683222** Fax Number:Email Address: **Jonraney1965@gmail.com** Website:Billing Address: **Po Box 17** City: **Drasco**State: **Arkansas** Zip: **72530**

Business Type

Corporation - circle one: **Private** or PublicBusiness Start Date: **Jan. 1982**LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: **30 days** 60 days Other **None** Sole Prop Other **SCorp**
Partnership EIN/Federal Tax ID# **71-078-4539**Print Refund Policy on Footer:
Yes No
(If yes input message in notes)Types of Goods Sold: **Recording service, cds**

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

Officer/Owners Name: **Zondall Raney** Title: **Owner** Social Security:Home Address: **110 South Front Street** City, State, Zip Code: **Drasco, Arkansas 72530**Drivers License#: **980026307** Expiration Date: **02/09/26** State: **AR**DOB: **02/09/44** Home Phone Number: **870-668-3222**% of Business Owned: **100** % Length of Ownership: **40 years**Banking Information **** No starter checks or deposit slips accepted****

Terminal Questions (Circle your answer)

Name of Bank: **Citizens Bank**Batch Out Time: **1930**ABA Routing #: **014650**Communication Method: **Internet** or Dial-phone Account #: **0542482**Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales) **\$ 125,000**Reprogram Terminal: Yes No Estimated Visa/MC/Discover Sales **\$ 24,000**Equipment Purchase: Yes No Estimated Monthly Visa/MC/Discover/ AMEX Sales **\$ 2000**Equipment Rental Program: Yes No Average Ticket **\$ \$750**Next Day Funding: Yes NoHigh Ticket **\$ \$10,000**Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: % Card Keyed In: % = 100%

Tax Calculation: Yes If so tax rate: _____ %Card Present: **100** % Card Not Present % = 100%

Software or POS Integration Questions Only

MOTO: % Internet: %

POS Software Integration: Yes Traditional **IBUXX** SimpleBuxx PrimeBuxx

Software Name & Version:

Notes:

MP/AP Name: **Lisa Taylor****VL100 Ibuxx \$24.95**

RP Name:

Pricing Provided: **Statement Analysis** or QuoteReceipt Header Message: **Raney Recording Studio**

Receipt Footer Message: