


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			
Managing Partner Name: <i>Molli Swiderski</i>			
Date Submitted: <i>2/2/24</i>			

Merchant Application Submission Form

Merchant (Business) DBA Name: *Animal Medical and Surgical Clinic*

Business Legal Name: *Animal Medical and Surgical Clinic, LLC*

Contact Name: *Nicole Langford* Contact Phone Number: *662-773-4292*

Physical Address: *3120 N. Church Ave* City, State, Zip: *Louisville, MS 39339*

Phone Number: *662-773-4292* Fax Number:

Email Address: *animalmedicalsur@bellsouth.net* Website:

Billing Address: *same* City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: *May 1978*

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: Federal Tax ID# *85-3418123* Refund Policy? Yes or No

Partnership Types of Goods Sold: *Veterinary Services*

Ownership Information (Must be 51% or more)

Officer/Owners Name: *Fred Nabers* Title: *Owner* Social Security: *587-50-1914*

Home Address: City, State, Zip Code:

Drivers License#: *See DL* Expiration Date: State:

DOB: Home Phone Number:

% of Business Owned: *100* % Length of Ownership: *since opened*

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank

ABA Routing # *See voided ck*

Account #

Estimated Sales Volume	Terminal Questions
Estimated Annual Sales (All sales) <i>\$50,000.00</i>	Batch Out Time: <i>6:30 pm</i>
Estimated Visa/MC/Discover Sales <i>\$</i>	Communication Method: <input checked="" type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone
Estimated Monthly Visa/MC/Discover/ AMEX Sales <i>\$</i>	Do you dial 9 for outside line? <input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket <i>\$70.00</i>	Terminal Type: <i>valor 100</i>
High Ticket <i>\$3,000.00</i>	Pin Pad Type:
First two sections must equal 100% respectively	
Card Swiped: <i>95</i> % Card Keyed In: <i>5</i> % = 100%	Reprogram Terminal: <input type="checkbox"/> Yes - <input type="checkbox"/> No
Card Present: <i>95</i> % Card Not Present <i>5</i> % = 100%	Equipment Purchase: <input type="checkbox"/> Yes - <input type="checkbox"/> No
MOTO: % Internet: %	Equipment Rental Program: <input type="checkbox"/> Yes - <input type="checkbox"/> No
Notes: <i>Vet Buxx - valor 100 \$19.95 mo.</i>	PIN Debit Pin Pad: <input type="checkbox"/> Yes - <input type="checkbox"/> No
	POS Software Integration: <input type="checkbox"/> Yes - <input type="checkbox"/> No
	Software Name & Version:
	Next Day Funding: <input type="checkbox"/> Yes - <input type="checkbox"/> No
	Tip Edit: <input type="checkbox"/> Yes - <input type="checkbox"/> No