

Attached Required Document Checklist		Date	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	Submitted: 3/25/24	email to:	
Copy of Drivers License <input checked="" type="checkbox"/>			applications@impactpays.net	

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Neoga Package Liquor

Business Legal Name: Neoga Package Liquor Store, Inc.

Contact Name: Debbie Williams Contact Phone Number: (217) 895-2877

Physical Address: 106 W. 7th City, State, Zip: Neoga, IL. 62447

Phone Number: (217) 895-2877 Fax Number: same

Email Address: neogapackage@yahoo.com Website: N/A (Facebook Page)

Billing Address: P.O. Box 525 City: Neoga

State: IL Zip: 62447

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: 06-2001

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# X 37-0948914 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Liquor Store (If yes input message in notes)

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

Officer/Owners Name: Debbie Williams Title: owner Social Security: X

Home Address: 510 ELM AVE City, State, Zip Code: Neoga, IL. 62447

Drivers License#: W452-1615-6731 Expiration Date: 05/07/24 State: IL

DOB: 05/07/1956 Home Phone Number: 217-895-2304

% of Business Owned: 51 % Length of Ownership: X 23 yrs

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: <u>First Mid IL Bank & Trust</u>	Batch Out Time: <u>N 12 AM</u>
ABA Routing #: <u>071102070</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #: <u>0009032401</u>	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type: <u>SAM45</u>
Estimated Annual Sales (All sales) <u>450,000</u> 450,000	Reprogram Terminal: Yes <u>No</u>
Estimated Visa/MC/Discover Sales <u>\$402,761</u>	Equipment Purchase: <u>Yes</u> No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$3350</u>	Equipment Rental Program: Yes <u>No</u>
Average Ticket <u>\$35.00</u>	Next Day Funding: <u>Yes</u> ? No
High Ticket <u>\$700</u>	Tip Edit: Yes <u>No</u>

First two sections must equal 100% respectively

Card Swiped: 100 % Card Keyed In: 0 % = 100%

Card Present: 100 % Card Not Present: 0 % = 100%

MOTO: 0 % Internet: 0 %

Traditional IBUXX SimpleBuxx PrimeBuxx

Notes: EMILY has CSV Inventory File on Thumbdrive...

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: 7.25%

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: Clover DUO

MP/AP Name: TONY KEPP

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: Thank You for Your Business

X
X
X
X
X