


Attached Required Document Checklist		Date	Fax to : 901-692-9499	 Version: 005
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to:	
Business Verification Document	<input checked="" type="checkbox"/>	1/26/22	applications@impactpays.net	
Copy of Drivers License	<input checked="" type="checkbox"/>			
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Nail And Face</u>				
Business Legal Name: <u>Thang Kim Tran</u>				
Contact Name: <u>Thang Tran (Tommy)</u>		Contact Phone Number: <u>361-814-2020</u>		
Physical Address: <u>3133 S. Alameda #345</u> City, State, Zip: <u>Corpus Christi, Tx. 78404</u>				
Phone Number: <u>361-814-2020</u>		Fax Number: <u>—</u>		
Email Address: <u>thang-phuong73@yahoo.com</u>		Website: <u>—</u>		
Billing Address: <u>same</u> City: <u>—</u>				
State: <u>—</u> Zip: <u>—</u>				
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>1997</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days <u>Other</u> None Exchange		
<input checked="" type="radio"/> Sole Prop Other: <u>—</u>		EIN/Federal Tax ID#		Print Refund Policy on Footer:
<input type="radio"/> Partnership		Types of Goods Sold: <u>Nail Services</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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>Thang Kim Tran</u> Title: <u>owner</u> Social Security: <u>631-09-1001</u>				
Home Address: <u>1017 Nile</u> City, State, Zip Code: <u>Corpus Christi Tx. 78402</u>				
Drivers License#: <u>15608452</u>		Expiration Date: <u>01/05/2023</u> State: <u>Texas</u>		
DOB: <u>01/05/1973</u>		Home Phone Number: <u>361-510-5497</u>		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>25 years</u>		
Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)		
Name of Bank: <u>Wells Fargo</u>		Batch Out Time: <u>Manual</u>		
ABA Routing #: <u>111900659</u>		Communication Method: IP-internet or <input checked="" type="radio"/> Dial-phone		
Account #: <u>2852221034</u>		Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales)	<u>\$150,000</u>	Reprogram Terminal:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Visa/MC/Discover Sales	<u>\$100,000</u>	Equipment Purchase:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$ 8,000</u>	Equipment Rental Program:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Average Ticket	<u>\$ 30.00</u>	Next Day Funding:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High Ticket	<u>\$ 100.00</u>	Tip Edit:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
First two sections must equal 100% respectively		EBT: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> FNS Number:		
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so tax rate: _____ %			
Card Present: <u>100</u> % Card Not Present <u>—</u> % = 100%	Software or POS Integration Questions Only			
MOTO: _____ % Internet: _____ %	POS Software Integration:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input checked="" type="radio"/> Traditional IBUXX <input type="radio"/> SimpleBuxx <input type="radio"/> PrimeBuxx	Software Name & Version:			
Notes: <u>Manual Batch, Needs Tip Line &amp; Tip Adjustment</u>				
MP/AP Name:				
RP Name:				
Pricing Provided: Statement Analysis or Quote				
Receipt Header Message:				
Receipt Footer Message:				