


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16		
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net				
Business Verification Document	<input type="checkbox"/>						
Copy of Drivers License	<input type="checkbox"/>						
Merchant Application Submission Form							
Merchant (Business) DBA Name:	Country View RV Park						
Business Legal Name:					Website:	https://countryview-rvpark.com/	
Contact Name:	Kush Shah		Contact Phone Number:	9012928972			
Physical Address:	481 Coburn Rd		City, State, Zip:	Brownsville, TN 38012			
Email Address:	kushal517@gmail.com				Phone #:		
Billing Address:	1991 Kirbywills Cv		City, State, Zip:	Memphis, TN 38119			
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:	93-2570506		
Business Type							
Corporation - Pick One:	Private	Type:	LLC	Bus Open Date:	8/1/23		
Refund Policy:	30 Days	Print Policy:	Yes	(If yes input refund message)			
Types of Goods Sold:							
RV and Camp Ground							
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form							
Officer/Owners Name:	Kush Shah		Title:	Partner	Social Security:	251956426	
Home Address:	1991 Kirbywills CV		City, State, Zip Code:	Memphis TN 38119			
Drivers License#:		Exp Date:		State Issued:			
DOB:		Home Phone#:					
% of Business Owned:	%	Length of Ownership:					
Banking Information ** No starter checks or deposit slips accepted **			Terminal Questions (Circle your answer)				
Name of Bank	InSouth Bank		Batch Out Time (for nextday funding 7:00 PM):				
ABA Routing #	084301408		Communication Method: IP-Internet (WiFi)				
Account #	119991470		Do you dial 9 for outside line? IP-Internet (V				
Estimated Sales Volume			Terminal Type:				
Estimated Annual Sales (All sales)		\$	Reprogram Terminal:		·		
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:		·		
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$	Equip. Rental Program:		·		
Average Ticket		\$	Next Day Funding:		·		
High Ticket		\$	Tip Edit:		·		
First two sections must equal 100% respectively			EBT:	·	FNS Number:		
Card Swiped:	%	Card Keyed In:	%	=100%		0	
Card Present:	%	Card Not Present	%	=100%		0	
MOTO:	%	Internet:	%				
Program Type:			Software or POS Integration Questions Only				
Notes:			POS Software Integration:		·		
			Software Name & Version:				
			MP/AP Name:				
			RP Name:				
			Pricing Provided:				
Receipt Header Message:							
Receipt Footer Message:							