

Attached Required Document Checklist	Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted:	email to:	
Business Verification Document <input checked="" type="checkbox"/>	8/01/23	applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Blue Sky 204

Business Legal Name: Craddock Oil Company, Inc.

Contact Name: Dwayne Temple Contact Phone Number:

Physical Address: 1629 Delaware Ave City, State, Zip: McComb, MS 39648

Phone Number: Fax Number:

Email Address: dtemple@craddockoil.com Website: Blue

Billing Address: City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 2002

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None

Sole Prop Other: Partnership

EIN/Federal Tax ID# 64-0625485 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Conv. Retail (If yes input message in notes)

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

Officer/Owners Name: Title: Social Security: 425-35-2642

Home Address: See DL City, State, Zip Code:

Drivers License#: Expiration Date: State:

DOB: Home Phone Number:

% of Business Owned: 51 % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank	Batch Out Time:
ABA Routing # <u>See voided check</u>	Communication Method: <u>IP-Internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: <u>Yes</u> No
High Ticket \$	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % = 100%	EBT: Yes No FNS Number:
Card Present: % Card Not Present % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
MOTO: % Internet: %	Software or POS Integration Questions Only
<u>Traditional</u> IBUXX SimpleBuxx PrimeBuxx	POS Software Integration: Yes No
Notes: <u>Some notes as craddock oil stores - 401, 602</u>	Software Name & Version: <u>see dm fo</u>

MP/AP Name: Molli Swidorski

RP Name: Craddock Oil - David Craddock

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: