


Attached Required Document Checklist		Date	Fax to : 901-692-9499		
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net		
Business Verification Document	<input checked="" type="checkbox"/>				
Copy of Drivers License	<input type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name: E-Z Transmission					
Business Legal Name: E-Z Transmission			Website:		
Contact Name: Stanley Thomas		Contact Phone Number: 205-274-0472			
Physical Address: 303 6th Street South		City, State, Zip: Oneonta, AL 35121			
Email Address: transmissione8@gmail			Phone #: 205-274-0472		
Billing Address: 303 6th Street South		City, State, Zip: Oneonta, AL 35121			
Biz Phone #: 205-274-0472		Biz Fax #:		EIN/Tax ID #:	
Business Type					
Corporation - Pick One: LLC		Type:		Bus Open Date:	
Refund Policy: <input type="checkbox"/>		Print Policy: <input checked="" type="checkbox"/>		(If yes input refund message)	
Types of Goods Sold: Convenience Store					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: Stanley Thomas		Title: OWNER		Social Security: 424-96-8521	
Home Address: 1612 Mabel Drive		City, State, Zip Code: Warrior, AL 35180			
Drivers License#: 5010485		Exp Date: 1-6-2026		State Issued: AL	
DOB: 4-15-1965		Home Phone#: 205-274-0472			
% of Business Owned: 100%		Length of Ownership: 10 years			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank: Cadence Bank		Batch Out Time (for nextday funding 7:00 PM): 5:30pm			
ABA Routing #: 003640		Communication Method:			
Account #: 5001004851		Do you dial 9 for outside line? -			
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: \$ 1800-2800		Next Day Funding:			
High Ticket: \$ 4000.00		Tip Edit:			
First two sections must equal 100% respectively			EBT:		FNS Number:
Card Swiped: %		Card Keyed In: % = 100% 0		Tax Calculation:	
Card Present: %		Card Not Present: % = 100% 0		If so tax rate:	
MOTO: %			Internet: %		
Program Type:			Software or POS Integration Questions Only		
Notes: 1 buyx 3.570			POS Software Integration:		
			Software Name & Version:		
			MP/AP Name: Holley Shirley		
			RP Name: Jennifer Sligh		
			Pricing Provided:		
Receipt Header Message:					
Receipt Footer Message:					