

Attached Required Document Checklist

Voided Check

Business Verification Document

Copy of Drivers License

Date Submitted:

Fax to : 901-692-9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Casteel Chiropractic

Business Legal Name: Casteel Chiropractic

Contact Name: Keely Casteel Contact Phone Number: 814-765-7111

Physical Address: 538 S. 2nd Street City, State, Zip: Clearfield, PA 16830

Phone Number: 814-765-7111 Fax Number: 814-765-7171

Email Address: Casteel_K@hotmail.com Website: casteelchiropractorpa.com

Billing Address: Same City:

State: Zip:

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: 07.01.2013

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 46-2440825 Print Refund Policy on Footer: Yes No

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

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

Officer/Owners Name: Keely Casteel Title: Owner Social Security: XXX-XX-5604

Home Address: 520 Greenwood Rd City, State, Zip Code: Curwensville, PA 16833

Drivers License#: PA 23526103 Expiration Date: 03/22/2023 State: PA

DOB: 03/21/1975 Home Phone Number: 814-577-5229

% of Business Owned: 100 % Length of Ownership: 8+ years

Banking Information (a voided check or a DDA verification letter from the bank is required) ** No starter checks or deposit slips accepted **

Name of Bank CNB Bank

ABA Routing # 031306278

Account # 6197263

Estimated Sales Volume

Estimated Annual Sales (All sales) \$100000.00

Estimated Visa/MC/Discover Sales \$9000.00

Estimated Monthly Visa/MC/Discover/ AMEX Sales \$9000.00

Average Ticket \$40.00

High Ticket \$350.00

Terminal Questions

Batch Out Time:

Communication Method: IP-internet or Dial-phone

Do you dial 9 for outside line? Yes No

Terminal Type:

Reprogram Terminal: Yes No

Equipment Purchase: Yes No

Equipment Rental Program: Yes No

POS Software Integration: Yes No

Software Name & Version:

Next Day Funding: Yes No

Tip Edit: Yes No

First two sections must equal 100% respectively

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

Card Present: 93 % Card Not Present 7 % = 100%

MOTO: % Internet: %

Traditional IBUX SimpleBux PrimeBux

Notes: Reprogram VX520

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Pennsylvania
visPA.com USA

DRIVER'S LICENSE

NOT FOR REAL ID PURPOSES



1 DLN: 23 826 103
3 DOB: 03/21/1975
4 EXP: 03/22/2023
4 ISS: 01/02/2019
DUPS: 00

1 CASTEEL
2 KEELY LYNN
3 520 GREENWOOD RD
4 CURWENSVILLE, PA 16833

15 SEX: F 18 EYES: GRN
16 HGT: 5'-02"
8 CLASS: C
9 END: NONE
12 RESTR: NONE

Keely Lynn Casteel

DL



DD-1913801205303
500090079804

ORGAN DONOR