


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	6-30-22	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				
			Version: 005	

Merchant (Business) DBA Name: **M+W GLASS INC**

Business Legal Name: **M+W GLASS INC**

Contact Name: **MALINDA BYRAM** Contact Phone Number: **901 837 2392**

Physical Address: **149 Commercial DR** City, State, Zip: **ATOKA, TN 38004**

Phone Number: **901 837 2392** Fax Number:

Email Address: **MALINDA@MANDWGLASS.COM** Website:

Billing Address: **Same** City:

State: Zip:

Corporation - circle one: **Private** or Public

Business Start Date: **2013**

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# **46 36 169 33** Print Refund Policy on Footer: **No**

Types of Goods Sold: **GLASS** (if yes input message in notes)

Officer/Owners Name: **Tommy Jones** Title: **PRES** Social Security: **44-27-2537**

Home Address: **8991 Miller Rd** City, State, Zip Code: **Millington TN 38053**

Drivers License#: **078 000 864** Expiration Date: **11-9-24** State: **TN**

DOB: **11-12-76** Home Phone Number: **901 444 2060**

% of Business Owned: **51** % Length of Ownership: **9 YEARS**

Name of Bank: SIMMONS	Batch Out Time: 5:00
ABA Routing #: 082900432	Communication Method: IP-internet or Dial-phone
Account #: 12192800	Do you dial 9 for outside line? Yes No

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 \$ 75.00	Next Day Funding: Yes No
High Ticket \$ 3000	Tip Edit: Yes No

EFT: Yes No FNS Number:

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

Tax Calculation: Yes No If so tax rate: %

Card Present: % Card Not Present % = 100%

MOTO: % Internet: %

POS Software Integration: Yes No

Traditional **IBUXX** SimpleBuxx PrimeBuxx

Software Name & Version:

Notes: **need to invoice**
need readers (2)
1 terminal

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: **THANK you for your business**