

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

Merchant Application Submission Form

Merchant (Business) DBA Name: Outwest Veterinary Center and Urgent Care
 Business Legal Name: Out West Veterinary Hospital
 Contact Name: Tara Maskrey Contact Phone Number: 281-475-0876
 Physical Address: 3725 College Ave City, State, Zip: Conway, AR 72034
 Phone Number: 501-585-7778 Fax Number: -0-
 Email Address: admin Website: www.OutWestVet.TV
 Billing Address: Same City: _____
 State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 05/2019
 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# 832621838 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Veterinary (If yes input message in notes)

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

Officer/Owners Name: Cliff Peck Title: owner Social Security: 256-74-6191
 Home Address: 19500 Burlingame Rd City, State, Zip Code: Little Rock, AR 72223
 Drivers License#: See DL Expiration Date: _____ State: _____
 DOB: _____ Home Phone Number: _____
 % of Business Owned: 51 % Length of Ownership: 5 yrs

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

Terminal Questions (Circle your answer)

Name of Bank: <u>See check</u>	Batch Out Time: <u>7 pm</u>
ABA Routing #	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>See statements</u> \$	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: 95 % Card Keyed In: 5 % = 100%
 Card Present: 95 % Card Not Present 5 % = 100%

Software or POS Integration Questions Only

MOTO: % Internet: %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 Software Name & Version:
 Notes: VetBuxx - Valor 100 - 2 terminals @ 19.95 + 14.95 (for 2nd) \$34.90
 MP/AP Name: Molli Swiderski
 RP Name: Terry Swiderski
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: