

Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>		3-5-24	email to: applications@impactpays.net		
Business Verification Document <input type="checkbox"/>					
Copy of Drivers License <input type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name: **Little Rock**

Business Legal Name: **Mid South Funbox**

Contact Name: **Jenny McElhane** Contact Phone Number: **901 651-2239**

Physical Address: **2602 FAXON AVE** City, State, Zip: **Memphis TN 38112**

Phone Number: **901 471-9238** Fax Number:

Email Address: **JENN.E@Funbox.com** Website:

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

EIN/Federal Tax ID#

Types of Goods Sold:

Business Start Date: **4-1-23**

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No (If yes Input message in notes)

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

Officer/Owners Name: **Jenny McElhane** Title: **OWNER** Social Security: **415-45-1358**

Home Address: **149 Monterey Cove Mills Cove** City, State, Zip Code: **Collierville TN 38017**

Drivers License#: **094236584** Expiration Date: **7-17-27** State: **TN**

DOB: **7-18-84** Home Phone Number: **901 651-2239**

% of Business Owned: **51** % Length of Ownership: **11 months**

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: SAME AS Memphis Fun Box	Batch Out Time: 8:00 pm
ABA Routing #	Communication Method: IP-internet 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	EBT: Yes No FNS Number:
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: _____%
Card Present: % Card Not Present % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx <u>PrimeBuxx</u>	Software Name & Version:
Notes:	MP/AP Name: Cope/And
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Funbox Little Rock physical address:

11201 Bass Pro Dr.

Little Rock, AR 72210