

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:
 3-21-23

Fax to : 901-692-9499
 email to:
 applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: The Brunswick Skillet
 Business Legal Name: The Brunswick Skillet ← Same
 Contact Name: Joe Waldron Contact Phone Number:
 Physical Address: 5197 Brunswick City, State, Zip:
 Phone Number: 901 730 0907 Fax Number:
 Email Address: E Waldron Waldron Joseph Website: 24@hotmail.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: onfile
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 922856980 Print Refund Policy on Footer:
 Types of Goods Sold: Rest 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: Joe Waldron Title: owner Social Security: 003-72-6823
 Home Address: 259 Trebing Pkwy City, State, Zip Code:
 Drivers License#: 122906078 Expiration Date: State:
 DOB: 4 28 72 Home Phone Number: 757-350 1421
 % of Business Owned: 100 % Length of Ownership: 1 week

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

Terminal Questions (Circle your answer)

Name of Bank
 ABA Routing #
 Account #
 Batch Out Time:
 Communication Method: IP-internet or Dial-phone
 Do you dial 9 for outside line? Yes No
 Estimated Sales Volume
 Terminal Type:
 Estimated Annual Sales (All sales) \$ same as 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 \$ current Next Day Funding: Yes No
 High Ticket \$ Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % = 100%
 Card Present: % Card Not Present % = 100%
 MOTO: % Internet: %
 Traditional IBUX SimpleBux PrimeBux
 EBT: Yes No FNS Number:
 Tax Calculation: Yes No If so tax rate: %
Software or POS Integration Questions Only
 POS Software Integration: Yes No

Notes: same as current
 MP/AP Name:
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: