


Attached Required Document Checklist		Date	Fax to: 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Submitted:	2-11-22	email to:	
Business Verification Document <input checked="" type="checkbox"/>	applications@impactpays.net			
Copy of Drivers License <input checked="" type="checkbox"/>				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Ayers Event Center</u>				
Business Legal Name: <u>Robert Alaniz</u>				
Contact Name: <u>Robert Alaniz</u>		Contact Phone Number: <u>361-884-4870</u>		
Physical Address: <u>3433 Ayers St.</u>		City, State, Zip: <u>Corpus Christi, Tx. 78415</u>		
Phone Number: <u>361-884-4870</u>		Fax Number: <u>-</u>		
Email Address: <u>legacy.rob@aol.com</u>		Website: _____		
Billing Address: <u>same</u>		City: _____		
State: _____		Zip: _____		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>2008</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days <u>Other</u> None		
<input checked="" type="radio"/> Sole Prop Other: _____ <input type="radio"/> Partnership		EIN/Federal Tax ID# <u>SS#</u>		Print Refund Policy on Footer: Yes <input type="radio"/> No <input checked="" type="radio"/>
		Types of Goods Sold: <u>Concession Sales</u>		(If yes input message in notes)
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Robert Alaniz</u> Title: <u>Owner</u> Social Security: <u>460921379</u>				
Home Address: <u>4417 Killarney Dr.</u>		City, State, Zip Code: <u>Corpus Christi Tx 78413</u>		
Drivers License#: <u>04434540</u>		Expiration Date: <u>01/01/2023</u> State: <u>Texas</u>		
DOB: <u>1/1/56</u>		Home Phone Number: <u>361-960-2760</u>		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>14 years</u>		
Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)		
Name of Bank: <u>Kleberg Bank</u>		Batch Out Time: _____		
ABA Routing #: <u>114912686</u>		Communication Method: <input checked="" type="radio"/> IP-internet or <input type="radio"/> Dial-phone		
Account #: <u>0308412</u>		Do you dial 9 for outside line? Yes <input type="radio"/> No <input type="radio"/>		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales)	<u>\$60,000</u>	Reprogram Terminal:	Yes <input type="radio"/>	No <input type="radio"/>
Estimated Visa/MC/Discover Sales	<u>\$</u>	Equipment Purchase:	Yes <input type="radio"/>	No <input type="radio"/>
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$3500⁰⁰</u>	Equipment Rental Program:	Yes <input type="radio"/>	No <input type="radio"/>
Average Ticket	<u>\$60⁰⁰</u>	Next Day Funding:	Yes <input type="radio"/>	No <input type="radio"/>
High Ticket	<u>\$4,000⁰⁰</u>	Tip Edit:	Yes <input checked="" type="radio"/>	No <input type="radio"/>
First two sections must equal 100% respectively		EBT: Yes <input type="radio"/> No <input type="radio"/> FNS Number: _____		
Card Swiped: <u>95</u> %	Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes <input type="radio"/> No <input checked="" type="radio"/> If so tax rate: _____ %		
Card Present: <u>95</u> %	Card Not Present: <u>5</u> % = 100%	Software or POS Integration Questions Only		
MOTO: _____ %	Internet: _____ %	POS Software Integration: Yes <input type="radio"/> No <input checked="" type="radio"/>		
<input checked="" type="radio"/> Traditional <input type="radio"/> IBUXX <input type="radio"/> SimpleBUXX <input type="radio"/> PrimeBUXX		Software Name & Version: _____		
Notes: <u>Needs Tip Line!</u>		MP/AP Name: <u>Peggy Jordan</u>		
<u>Manual Close (Batch)</u>		RP Name: _____		
Receipt Header Message: _____		Pricing Provided: Statement Analysis or Quote		
Receipt Footer Message: _____				

