


Attached Required Document Checklist		Date	Fax to : 901-692-9499		
Voided Check	<input checked="" type="checkbox"/>	Submitted:	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>New Beginnings</u>					
Business Legal Name: <u>new Beginnings Salon</u>				Website:	
Contact Name: <u>Kellie McAnnally</u>		Contact Phone Number: <u>205-908-8770</u>			
Physical Address: <u>28252 US Hwy 75</u>		City, State, Zip: <u>Oneonta, AL 35121</u>			
Email Address: <u>KellieMcAnnally@yahoo.com</u>				Phone #: <u>205-908-8770</u>	
Billing Address: <u>28252 US Hwy 75</u>		City, State, Zip: <u>Oneonta, AL 35121</u>			
Biz Phone #: <u>Ø</u>		Biz Fax #: <u>Ø</u>		EIN/Tax ID #: <u>624298311</u>	
Business Type					
Corporation - Pick One: <u>LLC</u>		Type:	Bus Open Date:		
Refund Policy: <u>Ø</u>		Print Policy: <u>Ø</u>	(If yes input refund message)		
Types of Goods Sold: Convenience Store					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: <u>Kellie McAnnally</u>		Title: <u>Owner</u>		Social Security: <u>424-29-8311</u>	
Home Address: <u>610 Magnolia Ave</u>		City, State, Zip Code: <u>Oneonta, AL 35121</u>			
Drivers License#: <u>7139334</u>		Exp Date: <u>12-28-23</u>		State Issued: <u>AL</u>	
DOB: <u>8-24-1984</u>		Home Phone#: <u>Ø</u>			
% of Business Owned: <u>100%</u>		Length of Ownership: <u>17 years</u>			
Banking Information ** No starter checks or deposit slips accepted **			Terminal Questions (Circle your answer)		
Name of Bank: <u>Hometown Bank</u>		Batch Out Time (for nextday funding 7:00 PM): <u>6:00</u>			
ABA Routing #: <u>062206444</u>		Communication Method: <u>·</u>			
Account #: <u>1012834</u>		Do you dial 9 for outside line? <u>·</u>			
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales) \$			Reprogram Terminal: <u>·</u>		
Estimated Visa/MC/Discover Sales \$			Equipment Purchase: <u>·</u>		
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ <u>4000.00</u>			Equip. Rental Program: <u>·</u>		
Average Ticket \$ <u>100.00</u>			Next Day Funding: <u>·</u>		
High Ticket \$ <u>250.00</u>			Tip Edit: <u>·</u>		
First two sections must equal 100% respectively			EBT: <u>·</u>		FNS Number:
Card Swiped: <u>99%</u>		Card Keyed In: <u>1%</u> = 100% ⁰		Tax Calculation:	
Card Present: <u>·</u>		Card Not Present: <u>·</u> = 100% ⁰		If so tax rate:	
MOTO: <u>·</u>			Internet: <u>·</u>		
Program Type: <u>·</u>			Software or POS Integration Questions Only		
Notes: <u>1 box \$24.99/month 1 month trial</u>			POS Software Integration: <u>·</u>		
			Software Name & Version:		
			MP/AP Name: <u>Holley Shiney</u>		
			RP Name: <u>Jennifer Slight</u>		
			Pricing Provided:		
Receipt Header Message:					
Footer Message:					