

Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@Impactpays.net			
Business Verification Document	<input checked="" type="checkbox"/>					
Copy of Drivers License	<input checked="" type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name: Snead Equipment Sales						
Business Legal Name: Snead Equipment Sales			Website: X			
Contact Name: Judy Buchanan		Contact Phone Number: 205-466-3500 Ext 4				
Physical Address: 88043 Hwy 278 East		City, State, Zip: Snead, AL 35952				
Email Address: judyofficemanager@yahoo.com		Phone #: 205-466-3500				
Billing Address: P.O. Box 538		City, State, Zip: Snead, AL 35952				
Biz Phone #: 205-466-3500		Biz Fax #:		EIN/Tax ID #: 63-0956369		
Business Type						
Corporation - Pick One: Incorporated		Type:		Bus Open Date: 1985		
Refund Policy:		Print Policy:		(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: Joe Criswell		Title: Owner/President		Social Security: 420-80-6388		
Home Address: 470 Highland Drive		City, State, Zip Code: Attom, AL 35952				
Drivers License#: 3017657		Exp Date: 3-2-25		State Issued: AL		
DOB: 3-27-53		Home Phone#:				
% of Business Owned: 50%		Length of Ownership: 38 years				
Banking Information ** No starter checks or deposit slips accepted **			Terminal Questions (Circle your answer)			
Name of Bank: Liberty		Batch Out Time (for nextday funding 7:00 PM): 7:00 pm				
ABA Routing #: 062201847		Communication Method:				
Account #: 04001211		Do you dial 9 for outside line? -				
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales) \$		Reprogram Terminal:				
Estimated Visa/MC/Discover Sales \$		Equipment Purchase:				
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ 21,000.00		Equip. Rental Program:				
Average Ticket \$ 100.00		Next Day Funding:				
High Ticket \$ 700.00		Tip Edit:				
First two sections must equal 100% respectively			EBT:		FNS Number:	
Card Swiped: 99%		Card Keyed In: 1%		Tax Calculation:		If so tax rate:
Card Present: %		Card Not Present: %		Software or POS Integration Questions Only		
MOTO: %		Internet: %		POS Software Integration:		
Program Type:		Software Name & Version:				
Notes: 1 Buyx 3.5% Customer		MP/AP Name: Holley Shirley				
		RP Name: Jennifer Sligh				
		Pricing Provided:				
Receipt Header Message:						
Receipt Footer Message:						