


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

**Merchant Application Submission Form**

Merchant (Business) DBA Name: <u>Kuntals Pandit, DMD, PC</u>		Website:	
Business Legal Name: <u>Oneonta Dental Center</u>			
Contact Name: <u>Brittany Looney</u>	Contact Phone Number: <u>205-625-4384</u>		
Physical Address: <u>28425 State Hwy 75</u>	City, State, Zip: <u>Oneonta, AL 35121</u>		
Email Address: <u>smileteam4384@gmail.com</u>	Phone #: <u>205-625-4384</u>		
Billing Address: <u>28425 State Hwy 75</u>	City, State, Zip: <u>Oneonta, AL 35121</u>		
Biz Phone #: <u>205-625-4384</u>	Biz Fax #:	EIN/Tax ID #: <u>721380930</u>	

<b>Business Type</b>			
Corporation - Pick One: <u>Sole prop</u>	Type:	Bus Open Date: <u>1997</u>	
Refund Policy:	Print Policy:	(If yes input refund message)	
Types of Goods Sold: <u>Convenience Store</u>			

<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>			
Officer/Owners Name: <u>Shivani Pandit</u>	Title: <u>Owner</u>	Social Security: <u>223-43-0378</u>	
Home Address: <u>2064 Brook Highland Rdg</u>	City, State, Zip Code: <u>Birmingham, AL 35242-5260</u>		
Drivers License#: <u>W192785</u>	Exp Date: <u>8-25-24</u>	State Issued: <u>AL</u>	
DOB: <u>4-24-1964</u>	Home Phone#: <u>205-625-4384</u>		
% of Business Owned: <u>100%</u>	Length of Ownership: <u>27 years</u>		

<b>Banking Information ** No starter checks or deposit slips accepted**</b>		<b>Terminal Questions (Circle your answer)</b>	
Name of Bank: <u>Regions</u>	Batch Out Time (for nextday funding 7:00 PM): <u>7:00pm</u>		
ABA Routing #: <u>006900</u>	Communication Method: -		
Account #: <u>062000019</u>	Do you dial 9 for outside line? -		

<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>	
Estimated Annual Sales (All sales) \$	Reprogram Terminal: -		
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: -		
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ <u>40,000.00</u>	Equip. Rental Program: -		
Average Ticket \$ <u>25.00</u>	Next Day Funding: -		
High Ticket \$ <u>10,000.00</u>	Tip Edit: -		
First two sections must equal 100% respectively		EBT: -	FNS Number:

Card Swiped: <u>99%</u>	Card Keyed In: <u>1%</u> = 100% <sup>0</sup>	Tax Calculation:	If so tax rate:
Card Present: %	Card Not Present: % = 100% <sup>0</sup>	<b>Software or POS Integration Questions Only</b>	

MOTO: %	Internet: %	POS Software Integration: -
Program Type: -	Software Name & Version:	
Notes: <u>Valor 100 option 3.570</u>	MP/AP Name: <u>Holley Shirley</u>	
<u>Valor virtual terminal to bypass fee customer</u>	RP Name: <u>Jennifer Sligh</u>	
	Pricing Provided:	

Receipt Header Message:

Receipt Footer Message: