

<b>Attached Required Document Checklist</b>	Date	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted: 11/8/23	email to:	
Business Verification Document <input checked="" type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: **Blue Sky #703**

Business Legal Name: **Blue Sky, Inc**

Contact Name: **Dwayne Temple** Contact Phone Number:

Physical Address: **2103 Hwy 72 west** City, State, Zip: **Corinth, MS 38834**

Phone Number: **601-684-5641** Fax Number:

Email Address: **dtemple@craddockoil.com** Website: **Blueskyestores.com**

Billing Address: **P.O. Box 1578** City: **Grenada**

State: **MS** Zip: **38901**

**Business Type**

Corporation - circle one: Private or Public

Business Start Date: **2002**

LLC - circle one: **C corp** S corp P partner D disregarded entity

Refund Policy: 30 days 60 days Other None

Sole Prop Other:

Partnership

EIN/Federal Tax ID# **64-0632671** Print Refund Policy on Footer: Yes No

Types of Goods Sold: **Conv. Retail** (If yes input message in notes)

**Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form**

Officer/Owners Name: Title: Social Security: **425-35-2642**

Home Address: **See DL** City, State, Zip Code:

Drivers License#: Expiration Date: State:

DOB: Home Phone Number:

% of Business Owned: **51** % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time:
ABA Routing # <b>See voided check</b>	Communication Method: <b>IP-internet</b> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
<b>Estimated Sales Volume</b>	Terminal Type:
Estimated Annual Sales (All sales) \$	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 \$	Next Day Funding: <b>Yes</b> No
High Ticket \$	Tip Edit: Yes No
First two sections must equal 100% respectively	EFT: Yes No FNS Number:
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: %
Card Present: % Card Not Present % = 100%	<b>Software or POS Integration Questions Only</b>
MOTO: % Internet: %	POS Software Integration: Yes No
<b>Traditional</b> IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <b>Same as other craddock oil stores</b>	MP/AP Name: <b>Molli Swiderski</b>
	RP Name: <b>Craddock Oil / David Craddock</b>
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: