

Attached Required Document Checklist	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 checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Blue Sky # 711

Business Legal Name: Blue Sky, Inc

Contact Name: Dwayne Temple Contact Phone Number: _____

Physical Address: 601 East church st City, State, Zip: Booneville, MS 38829

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

Email Address: dtemple@craddockoil.com Website: Blue Sky Stores.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 # <u>See Voided ck</u>	Communication Method <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	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: <u>Yes</u> No
High Ticket \$	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number: _____
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
Card Present: % Card Not Present % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
<u>Traditional</u> IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <u>Same as other Craddock Oil stores</u>	MP/AP Name: <u>Molli Swiderski</u>
	RP Name: <u>Craddock Oil / David Craddock</u>
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____