


Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check		Submitted:	email to:	
Business Verification Document			applications@impactpays.net	
Copy of Drivers License				

Merchant Application Submission Form

Merchant (Business) DBA Name:		The Night Owl		
Business Legal Name:	The Night Owl	Website:		
Contact Name:	Kelly Omary	Contact Phone Number:	931-622-3524	
Physical Address:	4680 E main St	City, State, Zip:	Erin TN 37001	
Email Address:	kellyomary@hotmail.com	Phone #:		
Billing Address:	444 midway Dr.	City, State, Zip:	Erin TN 37001	
Biz Phone #:		Biz Fax #:	EIN/Tax ID #:	93-3241342

Business Type

Corporation - Pick One:		Corp Type:	S.P.	Bus Open Date:	10/14/24
Refund Policy:		Print Policy:		(If yes input refund message)	
Types of Goods Sold: Beer/Other Drinks					

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

Officer/Owners Name:	Kelly Omary	Title:	Owner	Social Security:	411-49-4426
Home Address:	444 midway Dr	City, State, Zip Code:	Erin TN 37001		
Drivers License#:	097728780	Exp Date:	10/9/28	State Issued:	TN
DOB:	10/11/85	Home Phone#:	931-622-3524		
% of Business Owned:	100%	Length of Ownership:	New Business		

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank		Batch Out Time (for nextday funding 7:00 PM):	
ABA Routing #		Communication Method:	
Account #		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 \$		Equip. Rental Program:	
Average Ticket \$		Next Day Funding:	
High Ticket \$		Tip Edit:	

First two sections must equal 100% respectively

EBT:

FNS Number:

Card Swiped: %	Card Keyed In: % = 100%	Tax Calculation:		If so tax rate:	
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Card Present: %	Card Not Present % = 100%	Software or POS Integration Questions Only			
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MOTO: %	Internet: %	POS Software Integration:	
Program Type:		Software Name & Version:	
Notes:		MP/AP Name:	
		RP Name:	
		Pricing Provided:	

Receipt Header Message: