


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:	Maze Auto Parts, INC			
Business Legal Name:	DBA Sneed Auto Parts	Website:	Ø	
Contact Name:	Jeffrey Maze	Contact Phone Number:	205-466-7146	
Physical Address:	85910 US Hwy 278 W	City, State, Zip:	Attoma, AL 35952	
Email Address:	mazeparts357@gmail.com	Phone #:		
Billing Address:	P.O. Box 901	City, State, Zip:	Attoma, AL 35952	
Biz Phone #:	205-466-7146	Biz Fax #:	Ø	EIN/Tax ID #: 84-3092866

Business Type				
Corporation - Pick One:	Type:	LLC	Bus Open Date:	Oct 1, 2019
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:	Jeffrey Maze	Title:	Owner	Social Security:
Home Address:	1896 Co Hwy 14	City, State, Zip Code:	Horton, AL 35980	
Drivers License#:	10408301	Exp Date:	6-8-26	State Issued:
DOB:	4-13-79	Home Phone#:	205-466-7146	
% of Business Owned:	100%	Length of Ownership:	5 years	

Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank	CITIZENS BANK TRUST	Batch Out Time (for nextday funding 7:00 PM):	7:00 pm
ABA Routing #	003592	Communication Method:	-
Account #	062206431	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 \$	50,000. ⁰⁰	Equip. Rental Program:	-
Average Ticket \$	100. ⁰⁰	Next Day Funding:	-
High Ticket \$	5,000. ⁰⁰	Tip Edit:	-

First two sections must equal 100% respectively		EFT:	FNS Number:
Card Swiped:	99 %	Card Keyed In:	1 % = 100% ⁰
Tax Calculation:		If so tax rate:	

Card Present:	%	Card Not Present:	% = 100% ⁰	Software or POS Integration Questions Only	
MOTO:	%	Internet:	%	POS Software Integration:	-
Program Type:		Software Name & Version:		MP/AP Name:	Holley Shirley
Notes:	2 terminals - IBuxx rate @ 3.5% ⁰		RP Name:	Jennifer Sligh	
		Pricing Provided:			

Receipt Header Message:
Receipt Footer Message: