


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

Merchant Application Submission Form

Merchant (Business) DBA Name: <u>Anitas Style</u>		Website:	
Business Legal Name: <u>Anitas Style</u>		Contact Name:	
Contact Name:		Contact Phone Number: <u>256-338-8385</u>	
Physical Address: <u>323 1st Ave East</u>		City, State, Zip: <u>Oneonta, AL 35121</u>	
Email Address: <u>abw12211@gmail.com</u>		Phone #: <u>256-338-8385</u>	
Billing Address: <u>323 1st Ave East</u>		City, State, Zip: <u>Oneonta, AL 35121</u>	
Biz Phone #: <u>256-338-8385</u>	Biz Fax #:	EIN/Tax ID #: <u>419-21-2302</u>	

Business Type			
Corporation - Pick One: <u>Sole prop</u>	Type: <u>Sole prop</u>	Bus Open Date:	
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: <u>Anita Williams</u>	Title: <u>owner</u>	Social Security: <u>419-21-2302</u>
Home Address: <u>330 Scarum Creek Rd</u>	City, State, Zip Code: <u>Hayden, AL 35079</u>	
Drivers License#: <u>580 4490</u>	Exp Date: <u>6-27-25</u>	State Issued: <u>AL</u>
DOB: <u>1-5-1974</u>	Home Phone#: <u>256-338-8385</u>	
% of Business Owned: <u>100%</u>	Length of Ownership:	

Banking Information ** No starter checks or deposit slips accepted** **Terminal Questions (Circle your answer)**

Name of Bank: <u>HOMETOWN BANK</u>	Batch Out Time (for nextday funding 7:00 PM): <u>7pm</u>
ABA Routing #: <u>062206444</u>	Communication Method: -
Account #: <u>1060796</u>	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 \$ <u>2,000.00</u>		Equip. Rental Program:	
Average Ticket \$ <u>60.00</u>		Next Day Funding:	
High Ticket \$ <u>200.00</u>		Tip Edit:	

First two sections must equal 100% respectively

Card Swiped: <u>99%</u> Card Keyed In: <u>1%</u> = 100% ⁰	EFT: -	FNS Number:
Card Present: % Card Not Present % = 100% ⁰	Tax Calculation:	If so tax rate:

Software or POS Integration Questions Only

MOTO: % Internet: %	POS Software Integration:
Program Type:	Software Name & Version:
Notes: <u>1 Buxy Dongle 3.95% to customer</u>	MP/AP Name: <u>Holley Shirley</u>
	RP Name: <u>Jennifer Slight</u>
	Pricing Provided:

Receipt Header Message:

Receipt Footer Message: