

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: _____ Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Jacks Deer Processing
 Business Legal Name: Jacks Deer Processing
 Contact Name: John Oswalt Contact Phone Number: _____
 Physical Address: 170 Morrison Ln City, State, Zip: Whiterville TN 38075
 Phone Number: _____ Fax Number: _____
 Email Address: Jack48612@gmail.com Website: _____
 Billing Address: same City: _____
 State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 2001
 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# SS Print Refund Policy on Footer: Yes No
 Types of Goods Sold: _____ (If yes input message in notes)

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

Officer/Owners Name: John Oswalt Title: owner Social Security: 412 027161
 Home Address: 170 Morrison Ln City, State, Zip Code: Whiterville TN
 Drivers License#: 012252611 Expiration Date: 7-23-26 State: TN
 DOB: 10-10-53 Home Phone Number: _____
 % of Business Owned: 100 % Length of Ownership: 23 yrs

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

Terminal Questions (Circle your answer)

Name of Bank: <u>Bank of FC</u>	Batch Out Time: <u>6pm</u>
ABA Routing #: <u>084304337</u>	Communication Method: IP-internet or Dial-phone
Account #: <u>10273492</u>	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type: <u>Dongle</u>
Estimated Annual Sales (All sales) <u>100K</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$75K</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$100</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$1,500</u>	Tip Edit: Yes <u>No</u>
First two sections must equal 100% respectively	EBT: Yes No FNS Number: _____
Card Swiped: <u>100</u> % Card Keyed In: <u>0</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
Card Present: <u>100</u> % Card Not Present <u>0</u> % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes <u>No</u>
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx	Software Name & Version: _____

Notes: Bank of FC referral probably be seasonal Dongle

MP/AP Name: Tricia Wright
 RP Name: Bank of FC
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____
 Receipt Footer Message: _____ IBUXX 24.95

Swipe Simple