

Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted: 4/10/24	email to: applications@impactpays.net		
Business Verification Document <input checked="" type="checkbox"/>				
Copy of Drivers License <input checked="" type="checkbox"/>				

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Bakers Ready Mix & Constuction

Business Legal Name: same

Contact Name: Billy Don Baker Contact Phone Number: 662-803-8054

Physical Address: 11000 Hwy 155 City, State, Zip: Louisville, MS 39339

Phone Number: 662-803-8054 Fax Number: _____

Email Address: billydon@bakersready.com Website: _____

Billing Address: 11000 Hwy 155 City: Louisville

State: MS Zip: 39339

Business Type

Corporation - circle one: Private or Public

Business Start Date: 1974

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# 64-0932809 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: _____ Title: owner Social Security: 426-21-2269

Home Address: See DL City, State, Zip Code: _____

Drivers License#: _____ Expiration Date: _____ State: _____

DOB: _____ Home Phone Number: _____

% of Business Owned: _____ % Length of Ownership: 100% since open

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <u>6pm</u>
ABA Routing # <u>See voided OK</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes <u>No</u>
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: Yes No
High Ticket \$	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 95 % Card Keyed In: 5 % =100%

Card Present: 95 % Card Not Present 5 % =100%

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

EBT: Yes No FNS Number: _____

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: _____

Notes: Valor 100

3.5% Emily Approved

MP/AP Name: Melli Sinderski

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: