


Attached Required Document Checklist		Date	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted:	10/10/23	email to:	
Business Verification Document <input checked="" type="checkbox"/>			applications@impactpays.net	
Copy of Drivers License <input type="checkbox"/>				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Oxford Ford</u>				
Business Legal Name: <u>Belk Ford Inc</u>				
Contact Name: <u>Jenny</u>		Contact Phone Number: <u>662-234-4661</u>		
Physical Address: <u>447 Hwy 6 West</u>		City, State, Zip: <u>Oxford MS 38655</u>		
Phone Number: <u>662-234-4661</u>		Fax Number:		
Email Address: <u>Jenny@belk@yahoo.com</u>		Website: <u>Belkford.net</u>		
Billing Address: <u>same</u>		City:		
State: <u>Oxford</u>		Zip: <u>MS 38655</u>		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>1920</u>		
LLC - circle one: <u>C corp</u> S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other <u>None</u>		
Sole Prop Other:		EIN/Federal Tax ID# <u>640729437</u>	Print Refund Policy on Footer: Yes No (If yes input message in notes)	
Partnership		Types of Goods Sold: <u>Automotive 347</u>		
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Frank Belk</u>		Title: <u>owner</u>	Social Security: <u>587 96 3117</u>	
Home Address: <u>505 CR 225</u>		City, State, Zip Code: <u>Oxford MS 38655</u>		
Drivers License#: <u>801520238</u>		Expiration Date: <u>6-4-28</u>	State: <u>MS</u>	
DOB: <u>6-4-55</u>		Home Phone Number: <u>662-801-0054</u>		
% of Business Owned: <u>75</u> %		Length of Ownership: <u>27 yrs</u>		
Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)		
Name of Bank <u>FNB</u>		Batch Out Time: <u>7pm</u>		
ABA Routing # <u>08420825</u>		Communication Method: <u>IP-internet</u> or Dial-phone		
Account # <u>250163</u>		Do you dial 9 for outside line? Yes No		
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:	<u>Yes</u>	No
High Ticket	\$	Tip Edit:	Yes	<u>No</u>
First two sections must equal 100% respectively		EBT: Yes No FNS Number:		
Card Swiped: <u>98</u> %	Card Keyed In: <u>2</u> %	= 100%		
Card Present: <u>98</u> %	Card Not Present: <u>2</u> %	= 100%		
MOTO: % Internet: %		Tax Calculation: Yes <u>No</u> If so tax rate: %		
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx		Software or POS Integration Questions Only		
		POS Software Integration: Yes <u>No</u>		
		Software Name & Version:		
Notes: <u>19.95 as per Emily</u> <u>3.50</u>		MP/AP Name: <u>Patricia Wright</u>		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				