

<b>Attached Required Document Checklist</b>	Date	Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>	Submitted:	email to:	
Business Verification Document <input type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License <input type="checkbox"/>			Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Momg Rose's

Business Legal Name: Momg Rose's

Contact Name: Johnny Bernard Jones Contact Phone Number: 629-210-8602

Physical Address: 605 N Main St D City, State, Zip: Ashland City, TN 37015

Phone Number: 629-210-8602 Fax Number:

Email Address: Johnny Bernard Jones Rose @ Gm. Website: .com

Billing Address: 605 N Main St D City: Ashland City

State: TN Zip: 37015

**Business Type**

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other:

Partnership

Business Start Date: July 2023

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 411 19 8898 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Food (If yes input message in notes)

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

Officer/Owners Name: Johnny Jones Title: owner Social Security: 411-19-8898

Home Address: 107 Park Meadow PT City, State, Zip Code: Spring Field TN 37172

Drivers License#: 080105096 Expiration Date: 9-16-28 State: TN

DOB: 9-30-1960 Home Phone Number: 629-210-8602

% of Business Owned: 100 % Length of Ownership: 5 month

<b>Banking Information</b> ** No starter checks or deposit slips accepted **	<b>Terminal Questions: (Circle your answer)</b>
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Name of Bank: <u>Bank of America</u>	Batch Out Time: <u>6 pm</u>
ABA Routing #: <u>064000020</u>	Communication Method: <u>IP-Internet</u> or Dial-phone
Account #: <u>444028417503</u>	Do you dial 9 for outside line? Yes <u>No</u>

**Estimated Sales Volume**

Estimated Annual Sales (All sales)	<u>\$456,000</u>	Reprogram Terminal: Yes <u>No</u>
Estimated Visa/MC/Discover Sales	<u>\$25,000</u>	Equipment Purchase: Yes <u>No</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$25,500</u>	Equipment Rental Program: <u>Yes</u> No
Average Ticket	<u>\$26.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket	<u>\$3500.00</u>	Tip Edit: <u>Yes</u> No

**First two sections must equal 100% respectively**

Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	EFT: Yes No FNS Number:
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	Tax Calculation: Yes <u>No</u> If so tax rate: _____ %
MOTO: <u>0</u> % Internet: <u>0</u> %	<b>Software or POS Integration Questions Only</b>
Traditional <u>IBUX</u> SimpleBux PrimeBux	POS Software Integration: Yes No

Notes: ship to house address

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Momg Rose's

Receipt Footer Message: Thank You