

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: Jo's Pizza & Pasta of Fairview Heights
 Business Legal Name: Jo's Pizza & Pasta Fairview
 Contact Name: Abigail Thompson Contact Phone Number: 618-381-3135
 Physical Address: 4628 N. Illinois St. City, State, Zip: Fairview Heights, IL 62269
 Phone Number: 618-416-4464 Fax Number: _____
 Email Address: anelson0414@gmail.com Website: joespizzafairview.com
 Billing Address: 4628 N. Illinois St. City: Fairview Heights
 State: IL Zip: 62208

Business Type Restaurant

Corporation - circle one: Private or Public Business Start Date: 8/17/2017
 LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None
 Sole Prop Other: _____ EIN/Federal Tax ID# 82-2353603 Print Refund Policy on Footer: Yes No
 Partnership _____ 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: Abigail Thompson Title: President Social Security: 335-78-5046
 Home Address: 305 Thorne Creek Ct. City, State, Zip Code: D'Fallon, IL 62269
 Drivers License#: T 512-0108-7707 Expiration Date: 04/14/25 State: IL
 DOB: 04/14/1987 Home Phone Number: 618-381-3135
 % of Business Owned: 51% Length of Ownership: 5 yrs.

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <u>4 am</u>
ABA Routing #	Communication Method: <input type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone
Account #	Do you dial 9 for outside line? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$	Reprogram Terminal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average Ticket \$	Next Day Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No
High Ticket \$	Tip Edit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First two sections must equal 100% respectively	EBT: <input type="checkbox"/> Yes <input type="checkbox"/> No FNS Number: _____
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: <input type="checkbox"/> Yes <input type="checkbox"/> No If so tax rate: _____%
Card Present: % Card Not Present % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: <input type="checkbox"/> Yes <input type="checkbox"/> No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version: _____
Notes:	MP/AP Name: _____
	RP Name: _____
	Pricing Provided: <input type="checkbox"/> Statement Analysis or <input type="checkbox"/> Quote

Receipt Header Message:

Receipt Footer Message: