

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: Western Auto and Appliances

Business Legal Name: Triple J Project LLC

Contact Name: Josh Webber Contact Phone Number: 662-773-6291

Physical Address: 16211 W. Main St City, State, Zip: Louisville, MS 39339

Phone Number: _____ Fax Number: _____

Email Address: wauto@bellsouth.net Website: -0- / FB page

Billing Address: same City: _____

State: _____ Zip: _____

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: 11/22/21

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 87-2025109 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Auto parts & Appliances (# Yes input message in notes)

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

Officer/Owners Name: _____ Title: _____ Social Security: 425-51-6394

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

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

DOB: _____ Home Phone Number: _____

% of Business Owned: _____ % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <u>6:30 pm</u>
ABA Routing # <u>See Voided Check</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$2,000,000</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$30,000</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$150</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$150⁰⁰</u>	Next Day Funding: Yes No
High Ticket <u>\$5,000</u>	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: need 2 Pax 8 terminals

-0- Monthly per Dec & Morgan

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: