

Attached Required Document Checklist

Voided Check

Business Verification Document

Copy of Drivers License

Managing Partner Name:

Date Submitted:

Fax to : 901-692-9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Walker Recovery Center

Business Legal Name: same

Contact Name: Pam John Contact Phone Number: 205 221 1799

Physical Address: 2195 N Airport Rd City, State, Zip: Jasper AL 3550

Phone Number: 205-221-1799 Fax Number:

Email Address: pjohn@myself.com Website:

Billing Address: same City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 1993

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

Sole Prop Other: EIN/Federal Tax ID# 631046952 Refund Policy? Yes or No

Partnership Types of Goods Sold: Methadone

Ownership Information (Must be 51% or more) *Might need information on all owners*

Officer/Owners Name: Judson Smith Title: President Social Security: 416196052

Home Address: 244 Fred Farley Dr. City, State, Zip Code: Jasper AL 3550

Drivers License#: 9227905 Expiration Date: 9.23.23 State: AL

DOB: 9.24.67 Home Phone Number: 205 275 1347

% of Business Owned: 50 % Length of Ownership: 5 years

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank: Bank of Walker County


ABA Routing #: 062206460

Account #: 1013911

Estimated Sales Volume

Terminal Questions

Estimated Annual Sales (All sales)	\$	Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$	Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Do you dial 9 for outside line? Yes - No	
Average Ticket	\$	Terminal Type:	
High Ticket	\$	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: % Card Keyed In: % = 100%		Equipment Purchase:	Yes - No
Card Present: % Card Not Present % = 100%		Equipment Rental Program:	Yes - No
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No
IBUX or Traditional		POS Software Integration:	Yes - No
Notes:		Software Name & Version:	
		Next Day Funding:	Yes - No
		Tip Edit:	Yes - No

Attached Required Document Checklist	Fax to : 901-692-9499	
Voided Check	email to: applications@impactpays.net	
Business Verification Document		
Copy of Drivers License		
Managing Partner Name:		
Date Submitted:		

Merchant Application Submission Form

Merchant (Business) DBA Name: Walker Recovery Center

Business Legal Name: same

Contact Name: Pam John Contact Phone Number: 205 221 1799

Physical Address: 2175 N Airport Rd City, State, Zip: Jasper AL 35502

Phone Number: 205 221 1799 Fax Number:

Email Address: pjohn@myself.com Website:

Billing Address: same City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 1993

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

Sole Prop Other: EIN/Federal Tax ID# 1031046992 Refund Policy? Yes or No (No)

Partnership Types of Goods Sold:

Ownership Information (Must be 51% or more) *Might need information on all owners*

Officer/Owners Name: Patricia Waldrop Title: Pres Social Security: 375504586

Home Address: 224 Cord 3989 City, State, Zip Code: Jasper AL 35503

Drivers License#: 3231409 Expiration Date: 1-4-23 State: AL

DOB: 9-8-48 Home Phone Number: 205 275 2780

% of Business Owned: 100 % Length of Ownership: 29 years

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank: Bank of Walker County

ABA Routing #: 062206460

Account #: 1013911

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	\$		Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$		Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$		Do you dial 9 for outside line? Yes - No	
Average Ticket	\$		Terminal Type:	
High Ticket	\$		Pin Pad Type:	
First two sections must equal 100% respectively			Reprogram Terminal:	Yes - No
Card Swiped:	% Card Keyed In:	% = 100%	Equipment Purchase:	Yes - No
Card Present:	% Card Not Present	% = 100%	Equipment Rental Program:	Yes - No
MOTO:	% Internet:	%	PIN Debit Pin Pad:	Yes - No
IBUXX	or	Traditional	POS Software Integration:	Yes - No
Notes:			Software Name & Version:	
			Next Day Funding: Yes - No	
			Tip Edit: Yes - No	