

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

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: **DAKINE AIR CONDITIONING & HEATING LLC.**

Contact Name: **KEITH BARRETT** Contact Phone Number: **808-276-2319**

Physical Address: **1861 ANAPA PL** City, State, Zip: **KIHEI, HI 96753**

Phone Number: Fax Number:

Email Address: **DAKINEAIR@GMAIL.COM** Website:

Billing Address: **1861 ANAPA PL** City: **KIHEI**

State: **HI** Zip: **96753**

Business Type

Corporation - circle one: Private or Public

Business Start Date:

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

Refund Policy: 30 days 60 days Other None

Sole Prop Other: Partnership

EIN/Federal Tax ID# **83-274 3562** Print Refund Policy on Footer: Yes No

Types of Goods Sold: **AC/HEATING** (If yes input message in notes)

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

Officer/Owners Name: **KEITH BARRETT** Title: **OWNER** Social Security:

Home Address: City, State, Zip Code:

Drivers License#: **H00615211** Expiration Date: **2/19/2028** State: **HI**

DOB: **2/19/73** Home Phone Number: **808-498-1991**

% of Business Owned: **100** % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: **BANK OF HAWAII** Batch Out Time:

ABA Routing #: **1210 12130 1028** Communication Method: IP-internet or Dial-phone

Account #: **0095 617395** Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: **N/A**

Estimated Annual Sales (All sales)	\$ 720,000	Reprogram Terminal:	Yes	<u>No</u>
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes	<u>No</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Rental Program:	Yes	<u>No</u>
Average Ticket	\$	Next Day Funding:	Yes	<u>No</u>
High Ticket	\$	Tip Edit:	Yes	<u>No</u>

First two sections must equal 100% respectively

EFT: Yes No FNS Number:

Card Swiped: % Card Keyed In: % = 100%

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

Card Present: % Card Not Present **100** % = 100%

POS Software Integration: Yes No

MOTO: % Internet: **100** %

Software Name & Version:

Traditional IBUXX SimpleBuxx PrimeBuxx

MP/AP Name:

Notes: **3.5% Kathy - Bookkeeper (add to contracts) 808-276-2319**

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: