


Attached Required Document Checklist		Date Submitted:	Fax to: 901-602-9499	 Version: 005
Voided Check <input type="checkbox"/>			email to: applications@impactpays.net	
Business Verification Document <input type="checkbox"/>				
Copy of Drivers License <input type="checkbox"/>		Merchant Application Submission Form		
Merchant (Business) DBA Name: <u>The Shamrock</u>				
Business Legal Name: <u>same</u>				
Contact Name: <u>Kelly O'Mary</u>		Contact Phone Number: <u>931-622-3524</u>		
Physical Address: <u>40 Court Square</u>		City, State, Zip: <u>Eric, TN 37061</u>		
Phone Number: <u>931-299-2525</u>		Fax Number:		
Email Address: <u>kellyomary@hotmail.com</u>		Website:		
Billing Address: <u>444 Midway Dr. W</u>		City: <u>Eric</u>		
State: <u>TN</u>		Zip: <u>37061</u>		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>sep 2023</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other (None)		
<input checked="" type="radio"/> Sole Prop Other:		EIN/Federal Tax ID# <u>93-3241342</u>		Print Refund Policy on Footer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes input message in note)
Partnership		Types of Goods Sold: <u>Food</u>		
Ownership Information (Must be 51% or more if multiple owners fill out additional ownership form)				
Officer/Owners Name: <u>Kelly Ann O'Mary</u>		Title: <u>Chef</u>		Social Security: <u>411-47-74210</u>
Home Address: <u>444 Midway Dr</u>		City, State, Zip Code: <u>Eric, TN 37061</u>		
Drivers License#: <u>097728780</u>		Expiration Date: <u>6-9-2028</u> State: <u>TN</u>		
DOB: <u>6/11/1985</u>		Home Phone Number: <u>931-622-3524</u>		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>3 months</u>		
Working Full-time ** No part time jobs or 2 jobs (circle one) **		Terminal Questions (Circle your answer)		
Name of Bank: <u>Regions</u>		Branch Out Time: <u>9 am</u>		
ABA Routing #: <u>06400017</u>		Communication Method: <input checked="" type="checkbox"/> In-person or <input type="checkbox"/> Dial-phone		
Account #: <u>0336695258</u>		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume:		Terminal Type: <u>Vt 500</u>		
Estimated Annual Sales (All sales): <u>5384.00</u>		Reprogram Terminal: Yes <input checked="" type="checkbox"/> No		
Estimated Visa/MC/Discover Sales: <u>525.000</u>		Equipment Purchase: Yes <input checked="" type="checkbox"/> No		
Estimated Monthly Visa/MC/Discover/AMEX Sales: <u>525.000</u>		Equipment Rental Program: <input checked="" type="checkbox"/> Yes No		
Average Ticket: <u>5.25</u>		Next Day Funding: Yes No		
High Ticket: <u>53,000</u>		Tip Edit: Yes <input checked="" type="checkbox"/> No		
EFT: Yes No FNS Number:		Tax Calculation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If so tax rate: %		
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % =100%		DUPLICATE or PDS Integration Questions Only		
Card Present: <u>95</u> % Card Not Present: <u>5</u> % =100%		PDS Software Integration: Yes No		
MOTO: <input type="checkbox"/> % Internet: <input type="checkbox"/> %		Software Name & Version:		
Traditional <input checked="" type="checkbox"/> IBUX <input type="checkbox"/> SimpleBox PrimeBox		MP/AP Name:		
Note: <u>please ship to house address</u>		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message: <u>The Shamrock</u>				
Receipt Footer Message:				