


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

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: G4 Chiropractic

Business Legal Name: Lori A Grillo

Contact Name: Lori A Grillo Contact Phone Number: 931-796-2565

Physical Address: 442 East Main St City, State, Zip: Hohenwald, TN 38462

Phone Number: 931-306-8442 Fax Number: 931-796-2566

Email Address: stewartfamilychi@bellsouth.net Website: N/A

Billing Address: P.O. Box 628 City: Hohenwald

State: TN Zip: 38462

Business Type

Corporation - circle one: Private or Public

Business Start Date: 12/1/98

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# 62173196 Print Refund Policy on Footer: Yes No (if yes input message in notes)

Types of Goods Sold: Chiropractic

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

Officer/Owners Name: Lori A Grillo Title: Owner Social Security: 413-47-9213

Home Address: 154 Switzerland Rd City, State, Zip Code: Hohenwald, TN 38462

Drivers License#: TN 065664232 Expiration Date: 10/22/2028 State: TN

DOB: 10/23/1970 Home Phone Number: 931-306-8442

% of Business Owned: 100 % Length of Ownership: 25 yrs

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

Terminal Questions (Circle your answer)

Name of Bank: <u>Regions</u>	Batch Out Time: <u>6:30 pm</u>
ABA Routing #: <u>064000017</u>	Communication Method: <u>IP-Internet</u> or Dial-phone
Account #: <u>3602542007</u>	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type: <u>UL 100</u>
Estimated Annual Sales (All sales) <u>\$96,000.<sup>00</sup></u>	Reprogram Terminal: Yes <u>No</u>
Estimated Visa/MC/Discover Sales <u>\$29,000.<sup>00</sup></u>	Equipment Purchase: Yes <u>No</u>
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$2,400.<sup>00</sup></u>	Equipment Rental Program: <u>Yes</u> No
Average Ticket <u>\$42.<sup>00</sup></u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$1,500.<sup>00</sup></u>	Tip Edit: Yes <u>No</u>

First two sections must equal 100% respectively

Card Swiped: 95 % Card Keyed In: 5 % = 100%

Card Present: 95 % Card Not Present 5 % = 100%

EFT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: \_\_\_\_\_ %

Software or POS Integration Questions Only

MOTO: 0 % Internet: 0 %

Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Software Name & Version:

Notes: UL 100

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: