

# Swipe Simple Set Up Form

## Required Documents:

VAR sheet



## Submission Details:

1. Please email this to:  
**support@impactpays.net**
2. Attach the Var Sheet and any other documents needed to process this request

## Required Information:

1. Does Merchant need Auto Batch? **Yes or No**
2. If Yes, Auto Batch Time?: 7:00
3. Does merchant need Automatic Adjustment? **Yes or No**
4. If Yes, what is the % or flat rate fee? 4%
5. What would you like the Automatic Adjustment Fee to be labeled as? NA
6. Does merchant need Tip Settings? **Yes or No**
7. If Yes, Does merchant want tip to be in the sales flow or written down on the receipt of cost auth tip?

### ~~In Sales Flow~~ or ~~On Receipt~~

8. Does your merchant need tax to be calculated? **Yes or No**
9. If yes, what rate? 8.45%
10. What Software Package will this merchant need?

### Terminal **Payments** Register

11. What Device ~~Type~~ will this merchant need?

**Gateway (Mobile, Web)**      **A80**      **A920**      **A920 Pro**      **Register 8**

12. Do you need to order the terminal/reader from Impact? **Yes or No**
13. If yes, what model and how many? 1 - BB250 + charging stand
14. If Terminal, What is the Serial Number? —
15. How many devices are needed to be set up? 1
16. Will Impact Deduct SS Fees from Residual Payment? **Yes or No**
17. Do you need Impact to set up the users password? **Yes or No**
18. If Yes, What is the password you want? Nene BB 2023!
19. Name of User: Anitress Broussard
20. Email Address of User: Anitress.Ab@gmail.com
21. Would you like for Impact to add in a logo for the merchants electronic receipt? **Yes or No**
22. If Yes, please attach the logo with as a separate attachment in your submission email.

