

Attached Required Document Checklist	
Voided Check	<input type="checkbox"/>
Business Verification Document	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Date Submitted: _____ Fax to : 901-692-9499
 email to: **applications@impactpays.net**



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Joe's Pizza of Attamont
 Business Legal Name: MJC Attamont
 Contact Name: Joey Trupiano Contact Phone Number: (217) 240-0831
 Physical Address: 1008 S. Main St. City, State, Zip: Attamont, IL 62411
 Phone Number: (618) 483-9567 Fax Number: _____
 Email Address: joespizzaeffingham@yahoo.com Website: orderjoes.com
 Billing Address: 115 E Jefferson Ave City: Effingham
 State: IL Zip: 62401

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: _____ Partnership _____
 Business Start Date: _____
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 46-2674620 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Restaurant (if yes input message in notes)

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

Officer/Owners Name: _____ Title: _____ Social Security: _____
 Home Address: See Attached City, State, Zip Code: _____
 Drivers License#: _____ Expiration Date: _____ State: _____
 DOB: _____ Home Phone Number: _____
 % of Business Owned: _____ % Length of Ownership: _____

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

Name of Bank: See attached
 ABA Routing #: _____
 Account #: _____

Terminal Questions (Circle your answer)

Batch Out Time: _____
 Communication Method: IP-internet or Dial-phone
 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales) \$ 1 million
 Estimated Visa/MC/Discover Sales \$ 990K
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 10K
 Average Ticket \$ 40⁰⁰
 High Ticket \$ 3500⁰⁰

Terminal Type:

Reprogram Terminal: Yes No
 Equipment Purchase: Yes No
 Equipment Rental Program: Yes No
 Next Day Funding: Yes No
 Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 90 % Card Keyed In: 10 % = 100%
 Card Present: 90 % Card Not Present 10 % = 100%

EBT: Yes No FNS Number: _____

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: _____ % Internet: _____ %
Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Notes: _____

Software Name & Version: _____

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____