


Attached Required Document Checklist		Date	Fax to : 901-692-9499		 Version:007.16	
Voided Check		Submitted:	email to: applications@impactpays.net			
Business Verification Document						
Copy of Drivers License						
Merchant Application Submission Form						
Merchant (Business) DBA Name:						
Business Legal Name:				Website:		
Contact Name:			Contact Phone Number:			
Physical Address:			City, State, Zip:			
Email Address:					Phone #:	
Billing Address:			City, State, Zip:			
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		
Business Type						
Corporation - Pick One:		Corp Type:		Bus Open Date:		
Refund Policy:		Print Policy:		(If yes input refund message)		
Types of Goods Sold:						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:			Title:		Social Security:	
Home Address:			City, State, Zip Code:			
Drivers License#:		Exp Date:		State Issued:		
DOB:		Home Phone#:				
% of Business Owned:		%		Length of Ownership:		
Banking Information ** No starter checks or deposit slips accepted **				Terminal Questions (Circle your answer)		
Name of Bank			Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #			Communication Method:			
Account #			Do you dial 9 for outside line?			
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales)		\$		Reprogram Terminal:		
Estimated Visa/MC/Discover Sales		\$		Equipment Purchase:		
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$		Equip. Rental Program:		
Average Ticket		\$		Next Day Funding:		
High Ticket		\$		Tip Edit:		
First two sections must equal 100% respectively				EBT:		FNS Number:
Card Swiped:		%		Card Keyed In:		% = 100%
Card Present:		%		Card Not Present		% =100%
MOTO:		%		Internet:		
Program Type:						
Notes:				POS Software Integration:		
				Software Name & Version:		
				MP/AP Name:		
				RP Name:		
				Pricing Provided:		
Receipt Header Message:						
Receipt Footer Message:						