

**Attached Required Document Checklist**

Voided Check   
 Business Verification Document   
 Copy of Drivers License

Date Submitted: \_\_\_\_\_ Fax to: 901-692-9499  
 email to: applications@impactpays.net



Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: HOSPITAL DISCOUNT DRUGS  
 Business Legal Name: HOSPITAL DISCOUNT PHARMACY  
 Contact Name: DAN STONE Contact Phone Number: 601-656-2621  
 Physical Address: 919 HOLLAND AVE City, State, Zip: PHILADELPHIA, MS 39350  
 Phone Number: 601-656-2621 Fax Number: 601-656-6023  
 Email Address: STONECC06@YAHOO.COM Website: \_\_\_\_\_  
 Billing Address: P.O. Box 870 City: PHILADELPHIA  
 State: MS Zip: 39350

**Business Type**

Corporation - circle one: Private or Public Business Start Date: 10/1/1985  
 LLC - circle one: C corp  **S corp**  P partner D disregarded entity Refund Policy: 30 days 60 days Other None  
 Sole Prop Other: \_\_\_\_\_ EIN/Federal Tax ID# 04-0800111 Print Refund Policy on Footer: Yes No  
 Partnership Types of Goods Sold: PHARMACEUTICAL (if yes input message in notes)

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

Officer/Owners Name: DAN STONE Title: OWNER Social Security: 587-70-5069  
 Home Address: 11461 HWY 395 City, State, Zip Code: PHILADELPHIA, MS 39350  
 Drivers License#: 801608866 Expiration Date: 08/30/22 State: MS  
 DOB: 8/30/1953 Home Phone Number: \_\_\_\_\_  
 % of Business Owned: 100 % Length of Ownership: 36 YRS

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

**Terminal Questions (Circle your answer)**

Name of Bank: VOID CHECK Batch Out Time: \_\_\_\_\_  
 ABA Routing #: \_\_\_\_\_ Communication Method: **IP-internet** or Dial-phone  
 Account #: \_\_\_\_\_ Do you dial 9 for outside line? Yes No  
 Estimated Sales Volume Terminal Type: \_\_\_\_\_  
 Estimated Annual Sales (All sales) \$3,000,000 Reprogram Terminal: Yes No  
 Estimated Visa/MC/Discover Sales \$500,000 Equipment Purchase: Yes No  
 Estimated Monthly Visa/MC/Discover/AMEX Sales \$ Equipment Rental Program: Yes No  
 Average Ticket \$300.00 Next Day Funding: **Yes** No  
 High Ticket \$495.00 Tip Edit: Yes No

**First two sections must equal 100% respectively**

Card Swiped: 95 % Card Keyed In: 5 % = 100% Tax Calculation: Yes No If so tax rate: \_\_\_\_\_ %  
 Card Present: 95 % Card Not Present 5 % = 100%

**Software or POS Integration Questions Only**

MOTO: % Internet: % POS Software Integration: Yes No  
**Traditional** IBUXX SimpleBuxx PrimeBuxx Software Name & Version: \_\_\_\_\_

Notes: \_\_\_\_\_ MP/AP Name: \_\_\_\_\_  
 RP Name: \_\_\_\_\_  
 Pricing Provided: **Statement Analysis** or Quote

Receipt Header Message:

Receipt Footer Message: