



High Rec
Window Tinting
\$12 - \$15

Ghost Sheet

In order to get our Merchants, set up seamlessly and effortlessly we need as much information as you can upfront. Please fill out all applicable fields.

● How does the merchant process cards today?

- Terminal: Make/ Model: VeriFone VX 520
- POS System? _____
- Virtual Terminal? _____
- Accounting Software? _____
- Payment Gateway? (such as Auth.net, USA ePay, etc.) _____

● Any other Software? _____

● Does the Merchant want to keep their current equipment? (Let them know this is not always possible but we can always try to re download, it depends on equipment type and current processor encryption) no new equipment

● Line of communication: Is Merchant using IP (Internet) or Dial (phone line) for internet access? IP

● What time does Merchant batch out normally? Auto batch 6:00pm

● Does Merchant request AVS (zip code verification) or cvv (V, MC, D 3-digit code on back, AMEX 4-digit code on the front) code from customers? If so which one? _____

● Does Merchant accept Gift Cards? yes no

● Does Merchant have a need for ACH recurring billing (automatic monthly bank drafts for things such as a gym membership or monthly products)? no

● Does Merchant need Next Day Funding (once they batch out they will get their funds the next day?) yes

Attached Documents Checklist
 Voided Check
 Copy of Drivers License

FAX TO: 205-283-7477
 email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Hi-Tech Window Tinting
 Business Legal Name: Hi-Tech Glass Tinting
 Contact Name: Jane Franklin Contact Phone Number: 205-283-1829
 Physical Address: 3800 Highway 78 EAST City, State, Zip: Jasper, ALA 35501
 Phone Number: 205-283-1829 Fax Number:
 Email Address: Website:
 Billing Address: SAME City: Jasper
 State: Alabama Zip:

Business Type
 Corporation Business Start Date:
 Limited Liability Business Type:
 Sole Prop % of Business Owned: _____ % Length of Ownership: 11 yrs
 Partnership Other Types of Goods Sold:
 Federal Tax ID# Refund Policy? N/A

Ownership Information
 Officer/Owners Name: James Franklin Title: Owner Social Security: 422-92-8698
 Home Address: 1516 Teer Road City, State, Zip Code: Bhm, ALA, 35214
 Drivers License#: 5239669 Expiration Date: 8/3/20 State: ALA
 DOB: 6/24/68 Home Phone Number: SAME

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank BANK OF WALKER COUNTY
 City JASPER State ALA Zip 35501
 ABA Routing # 062206460
 Account # 1013094

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>4:00pm</u>
Estimated Visa/MC/Discover Sales	\$	Communication Method:	
Estimated Amex Sales	\$	Dial <input type="checkbox"/> IP-Internet <input checked="" type="checkbox"/>	
Average Ticket	\$	Do you dial 9 for outside line?	<u>NO</u>
**Highest Ticket	\$	Terminal Type	<u>ver: fine</u>
		Equipment Purchase	<input type="checkbox"/>
		Equipment Replacement Program	<input type="checkbox"/>
		PIN Debit Pin Pad	<input type="checkbox"/>
		POS SOFTWARE	<input type="checkbox"/>
		Software Name & Version:	
		Next Day Funding (Yes or No):	<u>yes</u>
		Tip Edit (Yes or No):	
% Card Swiped	%		
% Card Keyed In	%		
% Card Present	%		
% Card Not Present	%		
% MOTO	%		
% Internet	%		
% B2B	%		
% International Cards	%		

Managing Partner
 Managing Partner Name: Mary Grant
 Date Submitted:

Internal Use Only

Date Received:	IC +:	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: