

**Attached Document Checklist**

Voided Check   
 Copy of Drivers License

Fax to : 901-692-9499

email to:  
 applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name:

Business Legal Name: Jeanine's Cafe

Contact Name: Jeanine Smith Contact Phone Number: 615-218-7400

Physical Address: 1200 Hwy 70 East City, State, Zip: Dickson, TN 37055

Phone Number: 615-740-9988 Fax Number: N/A

Email Address: T.Bird1978@Comcast.net Website:

Billing Address: P.O. Box 515 City: ~~Dickson~~ Burns

State: TN Zip: ~~00000~~ 37029

**Business Type**

Corporation  
 Limited Liability  
 Sole Prop  
 Partnership  
 Other

Business Start Date: 3-4-2015  
 Business Type: Restaurant  
 % of Business Owned: 100 % Length of Ownership: 4 years  
 Types of Goods Sold: Food  
 Refund Policy?

Federal Tax ID# 173959507

**Ownership Information**

Officer/Owners Name: Evelyn Smith Title: Social Security: 412-06-6973  
 Home Address: 445 Beechwood Dr City, State, Zip Code: Burns TN 37029  
 Drivers License#: 054030649 Expiration Date: 9-23-20 State: TN  
 DOB: 9-23-1960 Home Phone Number: 615-218-7400

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: First Federal Bank  
 City: Burns State: TN Zip: 37029  
 ABA Routing #: 264171270  
 Account #: 1463001182

**Estimated Sales Volume**

Estimated Annual Sales (All sales) \$  
 Estimated Visa/MC/Discover Sales \$  
 Estimated Amex Sales \$  
 Average Ticket \$ 110  
 \*\*Highest Ticket \$ 3,000.00

% Card Swiped	<u>95</u>	%
% Card Keyed In	<u>5</u>	%
% Card Present	<u>98</u>	%
% Card Not Present	<u>2</u>	%
% MOTO		%
% Internet		%
% B2B		%
% International Cards		%

**Terminal Questions**

Batch Out Time:  
 Communication Method:  
 Dial  IP-Internet   
 Do you dial 9 for outside line?  
 Terminal Type: VX520  
 Equipment Purchase   
 Equipment Replacement Program   
 PIN Debit Pin Pad   
 POS SOFTWARE   
 Software Name & Version:  
 Next Day Funding (Yes or No): Yes  
 Tip Edit (Yes or No): Yes

Leasing the VX520

**Managing Partner**

Managing Partner Name: Travis Smith  
 Date Submitted:

**Internal Use Only**

IC +:	PCI:	Minimum:
Trans Fee:	Statement:	Chargeback:
AOF:	Gateway:	Return Item: