


<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Business Verification Document	<input checked="" type="checkbox"/>			
Copy of Drivers License	<input checked="" type="checkbox"/>			Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: HUMPHREYS COUNTY HUMANE SOCIETY

Business Legal Name: HUMPHREYS COUNTY HUMANE SOCIETY

Contact Name: BILL HUNTER Contact Phone Number: 850-712-3252

Physical Address: 112 YOUNG ROAD City, State, Zip: LAVERLY TN 37185

Phone Number: 931-206-7319 Fax Number:

Email Address: hchumane2012@gmail.com Website:

Billing Address: 112 YOUNG ROAD LAVERLY TN 37185 City: LAVERLY

State: TN Zip: 37185

**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: Dec 1990

Refund Policy: 30 days 60 days (Other) None 10 days

EIN/Federal Tax ID# 62-1651766

Types of Goods Sold:

Print Refund Policy on Footer: Yes (No) (If yes Input message in notes)

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

(Officer) Owners Name: WILLIAM C. HUNTER JR Title: TREASURER Social Security: 212 42 6061

Home Address: 1211 CROCKETT ROAD NEW JOHNSONVILLE TN 37134 City, State, Zip Code: 37134

Drivers License#: 115063456 Expiration Date: 08/15/2025 State: TN

DOB: 10/22/1942 Home Phone Number: 931-535-2735

% of Business Owned: \_\_\_\_\_ % Length of Ownership: 5 years

<b>Banking Information ** No starter checks or deposit slips accepted**</b>	<b>Terminal Questions (Circle your answer)</b>
Name of Bank <u>First Bank</u>	Batch Out Time: <u>5 PM</u>
ABA Routing # <u>084307033</u>	Communication Method: <u>IP-Internet</u> or Dial-phone
Account # <u>82041052</u>	Do you dial 9 for outside line? Yes <u>(No)</u>
<b>Estimated Sales Volume</b>	<b>Terminal Type:</b>
Estimated Annual Sales (All sales) <u>\$100,000</u>	Reprogram Terminal: Yes <u>(No)</u>
Estimated Visa/MC/Discover Sales <u>\$80,000</u>	Equipment Purchase: Yes <u>(No)</u>
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$55,000</u>	Equipment Rental Program: Yes <u>No</u>
Average Ticket <u>\$75</u>	Next Day Funding: <u>(Yes)</u> No
High Ticket <u>\$1500</u>	Tip Edit: Yes <u>(No)</u>
First two sections must equal 100% respectively	EFT: Yes No FNS Number:
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes <u>(No)</u> If so tax rate: _____ %
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	<b>Software or POS Integration Questions Only</b>
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes <u>(No)</u>
Traditional <u>(IBUXX)</u> SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <u>vet BUXX mobile</u>	MP/AP Name:
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Humphreys County Humane Society

Receipt Footer Message: ASK us about Spay & Neuter