


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>		email to: applications@impactpays.net			
Business Verification Document <input type="checkbox"/>					
Copy of Drivers License <input type="checkbox"/>					
Merchant Application Submission Form					
Merchant (Business) DBA Name: Joe's Pizza Olney					
Business Legal Name: Joe's Pizza Olney					
Contact Name: Tiffany Tropicano Contact Phone Number: 618-204-8618					
Physical Address: 214 N. Jefferson City, State, Zip: Olney, IL 62450					
Phone Number: 618-392-8551 / 618-396-7383 Fax Number:					
Email Address: ttrop@msn.com Website:					
Billing Address: 214 N. Jefferson City: Olney					
State: IL Zip: 62450					
Business Type					
Corporation - circle one: Private or Public			Business Start Date: Nov 1972		
LLC - circle one: C corp <input type="checkbox"/> S corp <input checked="" type="checkbox"/> P partner <input type="checkbox"/> D disregarded entity <input type="checkbox"/>			Refund Policy: 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other <input checked="" type="checkbox"/> (None)		
Sole Prop Other:		EIN/Federal Tax ID# 823662066		Print Refund Policy on Footer: Yes No	
Partnership		Types of Goods Sold: Food		(If yes input message in notes)	
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: Susan Tropicano Title: owner Social Security: 375-62-4865					
Home Address: 1501 Moriah Dr. City, State, Zip Code: Olney, IL 62450					
Drivers License#: T615-7935-6732 Expiration Date: 5/8/2025 State: IL					
DOB: 5/8/56 Home Phone Number: 618-395-4650					
% of Business Owned: 100 % Length of Ownership: 48 yrs.					
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank: Trust Bank			Batch Out Time: 10pm - 11pm		
ABA Routing #: 081204142			Communication Method: <input checked="" type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone		
Account #: 17769861			Do you dial 9 for outside line? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales)		\$ 889,000	Reprogram Terminal:		Yes No
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$	Equipment Rental Program:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Average Ticket		\$ 30.00	Next Day Funding:		Yes No
High Ticket: varies		\$?	Tip Edit:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First two sections must equal 100% respectively			EBT: Yes No FNS Number:		
Card Swiped: % Card Keyed In: % = 100%		Tax Calculation: Yes No If so tax rate: 7.75 %			
Card Present: % Card Not Present % = 100%		Software or POS Integration Questions Only			
MOTO: % Internet: %		POS Software Integration: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Traditional IBUX SimpleBux PrimeBux		Software Name & Version: SAME POS AS			
Notes:		MP/AP Name: Effingham			
		RP Name:			
		Pricing Provided: Statement Analysis or Quote			
Receipt Header Message:					
Receipt Footer Message:					

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