

Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>	Submitted: 7-27-22	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 of Centralia

Business Legal Name: _____

Contact Name: Ben Sperry Contact Phone Number: 618-267-2759

Physical Address: 8095 Joliff Bridge Rd City, State, Zip: Centralia, IL 62801

Phone Number: 618 352 8400 Fax Number: _____

Email Address: joespizzamtv@gmail.com Website: orderjoes.com

Billing Address: Same as above City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public Business Start Date: 11-1-22

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# 92-0309492 Print Refund Policy on Footer: Yes No

Partnership Types of Goods Sold: Food + Drink (If yes input message in notes)

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

Officer/Owners Name: Ben Sperry Title: President Social Security: 349-90-3534

Home Address: 15698 E. Fairfield Rd. City, State, Zip Code: Mt. Vernon, IL 62864

Drivers License#: 5160-0769-3351 Expiration Date: 12-10-23 State: IL

DOB: 12-10-93 Home Phone Number: 618-267-2759

% of Business Owned: 100 % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: <u>Peoples National Bank</u>	Batch Out Time: _____
ABA Routing #: <u>081206807</u>	Communication Method: IP-internet <input type="checkbox"/> or Dial-phone <input type="checkbox"/>
Account #: <u>30223995</u>	Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$1.5 mil</u>	Reprogram Terminal: Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Visa/MC/Discover Sales <u>\$</u>	Equipment Purchase: Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$</u>	Equipment Rental Program: Yes <input type="checkbox"/> No <input type="checkbox"/>
Average Ticket <u>\$40⁰⁰</u>	Next Day Funding: Yes <input type="checkbox"/> No <input type="checkbox"/>
High Ticket <u>\$6000⁰⁰</u>	Tip Edit: Yes <input type="checkbox"/> No <input type="checkbox"/>

First two sections must equal 100% respectively

Card Swiped: _____ %	Card Keyed In: _____ %	= 100%	EFT: Yes <input type="checkbox"/> No <input type="checkbox"/> FNS Number: _____
Card Present: _____ %	Card Not Present: _____ %	= 100%	Tax Calculation: Yes <input type="checkbox"/> No <input type="checkbox"/> If so tax rate: _____ %
MOTO: _____ %	Internet: _____ %		Software or POS Integration Questions Only
Traditional <input type="checkbox"/>	IBUXX <input type="checkbox"/>	SimpleBuxx <input type="checkbox"/>	PrimeBuxx <input type="checkbox"/>
POS Software Integration: Yes <input type="checkbox"/> No <input type="checkbox"/>			Software Name & Version: _____
MP/AP Name: _____			RP Name: _____
Pricing Provided: Statement Analysis <input type="checkbox"/> or Quote <input type="checkbox"/>			

Receipt Header Message: _____

Receipt Footer Message: _____