

<b>Attached Required Document Checklist</b>	Date	Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>	Submitted:	email to: applications@impactpays.net	
Business Verification Document <input type="checkbox"/>	9-15-22		
Copy of Drivers License <input type="checkbox"/>			Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name:

Business Legal Name: Joe's Pizza of Pinckneyville Inc

Contact Name: Angel Osorio      Contact Phone Number: 618-704-4185

Physical Address: 112 W Water St.      City, State, Zip: Pinckneyville, IL, 62274

Phone Number: 618-357-8080      Fax Number:

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

Billing Address: 112 W Water Street      City: Pinckneyville

State: IL      Zip: 62274

**Business Type**

Corporation - circle one: Private or Public	Business Start Date: 08-16-2016
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# 81 - 3360958
Partnership	Types of Goods Sold: Food & Beverages
	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: Angel Osorio      Title: President      Social Security: 718257919

Home Address: 741 Torrens Street      City, State, Zip Code: Tilden, IL, 62292

Drivers License#: O260-0149-1311      Expiration Date: 11-01-25      State: IL

DOB: 11-01-1991      Home Phone Number: 6187044185

% of Business Owned: 33.33 %      Length of Ownership: 6+ years

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank First National Bank of Pinckneyville	Batch Out Time:
ABA Routing # 081905344	Communication Method: IP-internet or Dial-phone
Account # 4043582	Do you dial 9 for outside line? Yes No
<b>Estimated Sales Volume</b>	Terminal Type:
Estimated Annual Sales (All sales) \$750,000	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: Yes No
High Ticket \$	Tip Edit: Yes 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: _____%
Card Present: % Card Not Present % =100%	<b>Software or POS Integration Questions Only</b>
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes:	MP/AP Name:
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: