


Attached Required Document Checklist		Date	Fax to : 901-692-9499	 Version: 005
Voided Check <input type="checkbox"/>	Submitted: 12-8	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: STUFFY'S FROSTY JUZ

Business Legal Name: DAVID HAMILTON DBA STUFFY'S FROSTY JUZ

Contact Name: DAVID H. HAMILTON Contact Phone Number: 615-418-8165

Physical Address: 112 Academy St City, State, Zip: DICKSON TN 37055

Phone Number: 615-446-0030 Fax Number:

Email Address: STUFFYS FROSTY JUZ @ YAHOO.COM Website:

Billing Address: 112 Academy St City: DICKSON TN 37055

State: DICKSON TN Zip: 37055

Business Type

Corporation - circle one: Private or Public	Business Start Date: <u>11-15-2012</u>
LLC - circle one: C corp S corp P partner D disregarded entity	Refund Policy: 30 days 60 days Other <u>(None)</u>
<u>(Sole Prop)</u> Other:	EIN/Federal Tax ID# <u>46-1350231</u> Print Refund Policy on Footer: Yes <u>(No)</u>
Partnership	Types of Goods Sold: <u>Food</u> (If yes Input message in notes)

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

Officer/Owners Name: DAVID H HAMILTON Title: Owner Social Security: 409-78-4413

Home Address: 116 Academy St City, State, Zip Code: DICKSON TN 37055

Drivers License#: 035924761 Expiration Date: 12-26-2027 State: TN

DOB: 12-22-1949 Home Phone Number: 615-418-8165

% of Business Owned: 100 % Length of Ownership: 10 years.

Banking Information ** No starter checks or deposit slips accepted **

Terminal Questions (Circle your answer)

Name of Bank <u>PINACLE</u>	Batch Out Time: <u>8:15 PM</u>
ABA Routing # <u>064008637</u>	Communication Method <u>(IP-internet)</u> or Dial-phone
Account # <u>5612254</u>	Do you dial 9 for outside line? Yes <u>(No)</u>

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>\$230,000</u>	Reprogram Terminal: Yes <u>(No)</u>
Estimated Visa/MC/Discover Sales	<u>\$180,000</u>	Equipment Purchase: Yes <u>(No)</u>
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$185,000</u>	Equipment Rental Program: Yes <u>(No)</u>
Average Ticket	<u>\$200.00</u>	Next Day Funding: <u>(Yes)</u> No
High Ticket	<u>\$2500.00</u>	Tip Edit: <u>(Yes)</u> No

First two sections must equal 100% respectively

Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	EBT: Yes No FNS Number:
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
MOTO: <u>5</u> % Internet: <u>0</u> %	Software or POS Integration Questions Only
Traditional <u>(IBUXX)</u> SimpleBuxx PrimeBuxx	POS Software Integration: Yes No

Notes: Velor
Tip Edit

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Name + Address of Business

Receipt Footer Message: Have a nice day Thank you come again