


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>	Business Verification Document <input type="checkbox"/>	email to: applications@impactpays.net			
Copy of Drivers License <input type="checkbox"/>					
Merchant Application Submission Form					
Merchant (Business) DBA Name: <u>DELS Auto Service</u>					
Business Legal Name: <u>Grady D Mathis Jr</u>					
Contact Name: <u>Grady D Mathis Jr</u>		Contact Phone Number: <u>931 994-7438</u>			
Physical Address: <u>4640 Hwy 100</u>		City, State, Zip: <u>Lyles TN 37098</u>			
Phone Number:		Fax Number:			
Email Address: <u>dels auto service center@gmail.com</u>		Website: <u>delsauto.com</u>			
Billing Address: <u>4640 Hwy 100</u>		City: <u>Lyles</u>			
State: <u>TN</u>		Zip: <u>37098</u>			
Business Type					
Corporation - circle one: Private or Public			Business Start Date: <u>5-1-2023</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>362-58-4667</u>		Print Refund Policy on Footer: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Partnership		Types of Goods Sold:		(If yes input message in notes)	
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: <u>Grady D Mathis Jr</u> Title: <u>owner</u> Social Security: <u>362-58-4667</u>					
Home Address: <u>1868 Grays Bend Rd</u>		City, State, Zip Code: <u>Centerville TN 37033</u>			
Drivers License#: <u>M32-284-66-214-0</u>		Expiration Date: <u>6/14/2030</u> State: <u>FL</u>			
DOB: <u>06-14-1966</u>		Home Phone Number: <u>N/A</u>			
% of Business Owned: <u>100</u> %		Length of Ownership: <u>1 month</u>			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank <u>1st Farmers & Merchants</u>			Batch Out Time: <u>6 pm</u>		
ABA Routing # <u>064108113</u>			Communication Method <u>IP-internet</u> or Dial-phone		
Account # <u>118953013</u>			Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Estimated Sales Volume			Terminal Type: <u>V91 or IBUX</u>		
Estimated Annual Sales (All sales)		<u>\$ 60000</u>	Reprogram Terminal: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Estimated Visa/MC/Discover Sales		<u>\$ 4500</u>	Equipment Purchase: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Estimated Monthly Visa/MC/Discover/ AMEX Sales		<u>\$ 5500.00</u>	Equipment Rental Program: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Average Ticket		<u>\$ 200.00</u>	Next Day Funding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
High Ticket		<u>\$ 2400.00</u>	Tip Edit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
First two sections must equal 100% respectively			EBT: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> FNS Number:		
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%		Tax Calculation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so tax rate: _____ %			
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%		Software or POS Integration Questions Only			
MOTO: <input type="checkbox"/> % Internet: <input type="checkbox"/> %		POS Software Integration: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Traditional <input type="checkbox"/> <u>IBUX</u> SimpleBuxx PrimeBuxx		Software Name & Version:			
Notes: <u>Dual Pricing</u>		MP/AP Name:			
<u>\$ 24.95</u>		RP Name:			
		Pricing Provided: Statement Analysis or Quote			
Receipt Header Message: <u>Dels Auto Service</u>					
Receipt Footer Message: <u>Have a great day</u>					