


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	
Voided Check	<input checked="" type="checkbox"/> Attached		email to: applications@impactpays.net	
Business Verification Document	<input checked="" type="checkbox"/> Att			
Copy of Drivers License	<input checked="" type="checkbox"/> Attac			

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: H + S Stockyards Family Limited Partnership

Business Legal Name: SAME

Contact Name: Ginger Godley Contact Phone Number: N/A

Physical Address: 12993 Broxton Bridge Rd City, State, Zip: Ehrhardt SC 29081

Phone Number: 803-747-6189 Fax Number: 803-267-2636

Email Address: Kristish@yahoo.com Website: ---

Billing Address: PO BOX 35 City: Ehrhardt

State: SC Zip: 29081

Business Type

Corporation - circle one: Private or Public

Business Start Date: 2002

LLC - circle one: C corp S corp P partner D disregarded entity

Refund Policy: 30 days 60 days Other (None)

Sole Prop Other: *Partnership (limited)

EIN/Federal Tax ID# 36-4510583 Print Refund Policy on Footer: (Yes) No

Types of Goods Sold: Animals, tractors (If yes input message in notes)

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

Officer/Owners Name: Hallman E Sease Title: owner Social Security: 248-66-3075

Home Address: 983 Ashton Rd City, State, Zip Code: Lodge SC 29082

Drivers License#: _____ Expiration Date: _____ State: SC

DOB: 08-03-1940 Home Phone Number: 803-267-6904

% of Business Owned: 100 % Length of Ownership: 2002 - Present

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

Terminal Questions (Circle your answer)

Name of Bank: EBSC - Ehrhardt Batch Out Time: daily

ABA Routing #: 053202871 Communication Method: IP-internet or Dial-phone

Account #: 151119526 Do you dial 9 for outside line? Yes (No)

Estimated Sales Volume

Terminal Type: IBUXX wireless

Estimated Annual Sales (All sales)	\$	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: _____

Tax Calculation: Yes No If so tax rate: _____ %

Card Swiped: % Card Keyed In: % = 100%

Card Present: % Card Not Present % = 100%

Software or POS Integration Questions Only

MOTO: % Internet: %

POS Software Integration: Yes (No)

Traditional (IBUXX) SimpleBuxx PrimeBuxx

Software Name & Version:

Notes: IBUXX for no phone line 29.99 no ether Avail.

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: H + S Stockyards

Receipt Footer Message: 803-747-6189