

Required Document Checklist

Check

Business Verification Document

Copy of Drivers License

Co-Signing Partner Name: Tricia Wright

Submitted: 5-14-21

Fax to : 901-692-9499

email to : applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Gary M. Mantell DPM

Business Legal Name: Same

Contact Name: Dana Contact Phone Number: 682-4668

Physical Address: 5180 Park Ave #220 City, State, Zip: Mps 17

Phone Number: 901-682-4668 Fax Number:

Mail Address: X Gmaretell@DPM@gmail.com Website:

Billing Address: Same DPM@gmail City:

State: Zip:

Business Type

Corporation - circle one: Private or Public

Business Start Date: 1985

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

Sole Prop Other:

EIN/Federal Tax ID# 62-1239205 Refund Policy? Yes or No

Partnership

Types of Goods Sold: Podiatrist

Ownership Information (Must be 51% or more) *Might need information on all owners*

Owner/Owners Name: Gary Mantell Title: owner Social Security: 139-40-2672

Home Address: 6317 Common Oaks Ct 102 City, State, Zip Code: Mps 17 38120

Drivers License#: attached Expiration Date: State:

DOB: 3-23-52 Home Phone Number: 901-484-1987

Percentage of Business Owned: 100 % Length of Ownership: 1985

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank

ABA Routing #

Account #

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>7pm</u>
Estimated Annual Visa/MC/Discover/AMEX Sales	\$	Communication Method: <input checked="" type="checkbox"/> P-Internet <input type="checkbox"/> Dial-phone <input type="checkbox"/> WIFI	
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$ <u>55</u>	Do you dial 9 for outside line? Yes - <input checked="" type="checkbox"/> No	
Average Ticket	\$ <u>20.00</u>	Terminal Type:	
High Ticket	\$ <u>600</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: <u>80</u> % Card Keyed In: <u>20</u> % = 100%		Equipment Purchase:	Yes - No
Card Present: <u>80</u> % Card Not Present: <u>20</u> % = 100%		Equipment Rental Program:	Yes - No
MOTO: % Internet: %		PIN Debit Pin Pad:	Yes - No
<input checked="" type="checkbox"/> IBUX <input type="checkbox"/> or <input type="checkbox"/> Traditional		POS Software Integration:	Yes - No
Notes:		Software Name & Version:	
<u>He will need to bypass and pay the 3.95% himself on some insurance payments accepted.</u>		Next Day Funding:	<input checked="" type="checkbox"/> Yes - No
		Tip Edit:	Yes - No