

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

Merchant Application Submission Form

Merchant (Business) DBA Name: Dental Design Studio, LLC

Business Legal Name: _____

Contact Name: Allie Contact Phone Number: 405-321-6166

Physical Address: 561 Merchant Dr. City, State, Zip: Norman, OK 73069

Phone Number: 405-321-6166 Fax Number: 405-329-3369

Email Address: office@normandentist.com Website: www.normandentist.com

Billing Address: Same City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other: _____ Partnership _____

Business Start Date: prior to 2000

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 27-4159162 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Dental work (If yes input message in notes)

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

Officer/Owners Name: Sara Spurlock Title: DDS/owner Social Security: 441-90-2173

Home Address: 1100 S. Pickard City, State, Zip Code: NORMAN, OK 73069

Drivers License#: NO80088967 Expiration Date: 08/31/2023 State: OK

DOB: 8/25/1980 Home Phone Number: _____

% of Business Owned: 51 % Length of Ownership: 13 years

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

Terminal Questions (Circle your answer)

Name of Bank RCB Batch Out Time: after 10:30pm

ABA Routing # 103112594 Communication Method: IP-internet or Dial-phone

Account # 00116726673 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)	<u>\$3,800,000</u>	Reprogram Terminal:	Yes	<u>No</u>
Estimated Visa/MC/Discover Sales	<u>\$2,000,000</u>	Equipment Purchase:	<u>Yes</u>	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$100,000</u>	Equipment Rental Program:	Yes	<u>No</u>
Average Ticket	<u>\$260</u>	Next Day Funding:	Yes	<u>No</u>
High Ticket	<u>\$15,000</u>	Tip Edit:	Yes	<u>No</u>

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: % Card Keyed In: 70 % = 100%

Card Present: % Card Not Present 30 % = 100%

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

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

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: _____

Notes: *Wants to be able to accept online payments

MP/AP Name: Allie Kennedy

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____