


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Joe's Pizza Mascoutah</u>				
Business Legal Name: <u>Joe's Mascoutah LLC</u>				
Contact Name: <u>Corey McMahon</u>		Contact Phone Number: <u>(618) 979-9311</u>		
Physical Address: <u>215 E Main St</u>		City, State, Zip: <u>Mascoutah IL 62258</u>		
Phone Number: <u>(618) 979-9311</u>		Fax Number:		
Email Address: <u>Joe.edwardsville@gmail.com</u>		Website: <u>ordersjoes.com</u>		
Billing Address: <u>P.O. Box 599</u>		City: <u>Edwardsville</u>		
State: <u>IL</u>		Zip: <u>62025</u>		
Business Type				
Corporation - circle one: Private or Public		Business Start Date:		
<input checked="" type="checkbox"/> LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other None		
Sole Prop Other:		EIN/Federal Tax ID# <u>83-4715014</u>	Print Refund Policy on Footer: Yes No	
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: <u>Corey McMahon</u>		Title: <u>Owner</u>	Social Security: <u>319-76-0568</u>	
Home Address: <u>23 Country Club View</u>		City, State, Zip Code: <u>Edwardsville IL 62025</u>		
Drivers License#: <u>M2511284009</u>		Expiration Date: <u>01/26</u>	State: <u>IL</u>	
DOB: <u>01/09/1984</u>		Home Phone Number: <u>(618) 979-9311</u>		
% of Business Owned: <u>100</u> %		Length of Ownership:		
Banking Information **No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)		
Name of Bank <u>Edwardsville Bank</u>		Batch Out Time:		
ABA Routing # <u>081019133</u>		Communication Method: IP-internet or Dial-phone		
Account # <u>0130044928</u>		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume		Terminal Type:		
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
<i>First two sections must equal 100% respectively</i>		EBT: Yes No FNS Number:		
Card Swiped: % Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: _____ %			
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:		MP/AP Name:		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				