

**Attached Document Checklist**

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to:  
applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: Joe's Pizza and PASTA

Business Legal Name: Trup Partnership 2, Inc.

Contact Name: Joey Trupiano Contact Phone Number: 217-347-5637

Physical Address: 115 E. Jefferson City, State, Zip: Effingham IL 62401

Phone Number: 217-347-5637 Fax Number:

Email Address: joespizzaeffingham@yahoo.com Website: orderjoes.com

Billing Address: 115 E. Jefferson City: Effingham

State: IL Zip: 62401

**Business Type**

Corporation Business Start Date: 12/7/99

Limited Liability Business Type: Restaurant

Sole Prop % of Business Owned: \_\_\_\_\_ % Length of Ownership: 20

Partnership  Other Types of Goods Sold: Food

Federal Tax ID# 27-5100012 Refund Policy?

**Ownership Information**

Officer/Owners Name: Joey Trupiano Title: President Social Security: 318-74-9476

Home Address: 13173 Country Club Rd City, State, Zip Code: Effingham, IL 62401

Drivers License#: T615-4808-1209 Expiration Date: 7/23/23 State: IL

DOB: 7/23/81 Home Phone Number: 217-240-0831

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank Midland States Bank

City Effingham State IL Zip 62401

ABA Routing # 081204540

Account # 0405000170

**Estimated Sales Volume**

Estimated Annual Sales (All sales)	\$ 1.5 mil
Estimated Visa/MC/Discover Sales	\$
Estimated Amex Sales	\$
Average Ticket	\$ 40
**Highest Ticket	\$2500.00
% Card Swiped	80 %
% Card Keyed In	20 %
% Card Present	80 %
% Card Not Present	20 %
% MOTO	15 %
% Internet	25 %
% B2B	%
% International Cards	%

**Terminal Questions**

Batch Out Time:

Communication Method:  
Dial  IP-Internet

Do you dial 9 for outside line? \_\_\_\_\_

Terminal Type \_\_\_\_\_

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name & Version:

Next Day Funding (Yes or No): yes

Tip Edit (Yes or No): yes

**Managing Partner**

Managing Partner Name Neil LoyAllen

Date Submitted

**Internal Use Only**

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: