

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

Merchant Application Submission Form

Merchant (Business) DBA Name: Joe's PIZZA OF Salem, Inc

Business Legal Name: Joe's PIZZA OF Salem, Inc

Contact Name: Jerry Trupiano Contact Phone Number: 217-240-0831

Physical Address: ~~402 E. MAIN~~ 402 E. MAIN City, State, Zip: Salem IL 62881

Phone Number: 618-740-0563 Fax Number:

Email Address: joe'spizzagettinghung@yahoo.com Website: orderjoes.com

Billing Address: 402 E. MAIN City: Salem

State: IL Zip: 62881

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:

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID#

Types of Goods Sold:

Print Refund Policy on Footer: Yes No (If yes input message in notes)

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

Officer/Owners Name: Title: Social Security:

Home Address: See Attached City, State, Zip Code:

Drivers License#: See Attached Expiration Date: State:

DOB: Home Phone Number:

% of Business Owned: % Length of Ownership:

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

Name of Bank: See Attached Batch Out Time:

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

Account #: See Attached Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>\$ 800 K</u>	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	<u>\$ 650 K</u>	Equipment Purchase:	<u>Yes</u>	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$</u>	Equipment Rental Program:	Yes	<u>No</u>
Average Ticket	<u>\$ 40⁰⁰</u>	Next Day Funding:	<u>Yes</u>	No
High Ticket	<u>\$ 3500⁰⁰</u>	Tip Edit:	<u>Yes</u>	No

First two sections must equal 100% respectively

Card Swiped: 90 % Card Keyed In: 10 % = 100%

Card Present: 90 % Card Not Present 10 % = 100%

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No

Software Name & Version:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: