

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:

Fax to : 901-692-9499

email to:
 applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Joe's Pizza of Marion, Inc.

Business Legal Name: Joe's Pizza of Marion, Inc.

Contact Name: Joey Trupiano

Contact Phone Number: (217) 240-0831

Physical Address: 602 N. Ct. St.

City, State, Zip: Marion, IL 62959

Phone Number: (618) 997-7797

Fax Number:

Email Address: joespizzaeffingham@yahoo.com

Website: orderipes.com

Billing Address: 115 E. Jefferson Ave.

City: Effingham

State: IL

Zip: 62401

Business Type

Corporation - circle one: Private or Public

Business Start Date:

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# 85-3879703

Print Refund Policy on Footer:

Partnership

Types of Goods Sold: Restaurant

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:

City, State, Zip Code:

Drivers License#:

Expiration Date:

State:

DOB:

Home Phone Number:

% of Business Owned: _____ %

Length of Ownership:

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

Terminal Questions (Circle your answer)

Name of Bank

Batch Out Time:

ABA Routing #

Communication Method: IP-internet or Dial-phone

Account #

Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)

\$ 600K

Reprogram Terminal: Yes No

Estimated Visa/MC/Discover Sales

\$ 550K

Equipment Purchase: Yes No

Estimated Monthly Visa/MC/Discover/ AMEX Sales

\$ 45K

Equipment Rental Program: Yes No

Average Ticket

\$ 30.00

Next Day Funding: Yes No

High Ticket

\$1500.00

Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

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

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

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