

Attached Required Document Checklist

Voided Check	<input type="checkbox"/>
Business Verification Document	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Date Submitted:

Fax to : 901-692-9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Joe's Pizza+Pasta - Troy, IL	
Business Legal Name: DPMAC, LLC	Website: Orderjoes.com
Contact Name: David McMahan	Contact Phone Number: 618-667-6700
Physical Address: 633 Edwardsville Rd	City, State, Zip: Troy, IL 62294
Email Address: joestroy@gmail.com	Phone #: 618-401-8996
Billing Address: 633 Edwardsville Rd	City, State, Zip: Troy, IL 62294
Biz Phone #: 618-667-6700	Biz Fax #: N/A
	EIN/Tax ID #: 82-3453539

Business Type

Corporation - Pick One: LLC Type: S-corp Bus Open Date: 5-12-2012

Refund Policy: Print Policy: (If yes input refund message)

Types of Goods Sold:

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

Officer/Owners Name: David McMahan	Title: President	Social Security: 318-766516
Home Address: 7827 Zenker Rd	City, State, Zip Code: Troy, IL 62294	
Drivers License#: M2551758-0261	Exp Date: 9-21-22	State Issued: IL
DOB: 9-21-1980	Home Phone#: 618-401-8996	
% of Business Owned: 100%	Length of Ownership:	

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

Terminal Questions (Circle your answer)

Name of Bank: FCB Banks	Batch Out Time (for nextday funding 7:00 PM):
ABA Routing #: 081025198	Communication Method:
Account #: 0589729701	Do you dial 9 for outside line? :

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales) \$	Reprogram Terminal: .
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: .
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equip. Rental Program: .
Average Ticket \$ 42.00	Next Day Funding: .
High Ticket \$	Tip Edit: .

First two sections must equal 100% respectively

EBT: . FNS Number:

Card Swiped: % Card Keyed In: % = 100% 0 Tax Calculation: If so tax rate:

Card Present: % Card Not Present % = 100% 0

MOTO: % Internet: %

Software or POS Integration Questions Only

Program Type: .

POS Software Integration: .

Software Name & Version:

MP/AP Name:

RP Name:

Pricing Provided:

Notes:

Receipt Header Message:

Receipt Footer Message: