


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>			email to:	
Business Verification Document <input checked="" type="checkbox"/>		11-15-23	applications@impactpays.net	

Merchant Application Submission Form

Merchant (Business) DBA Name: ~~Wells~~ **Ellis Cleaners - Collierville**  
 Business Legal Name: **Ellis Cleaners LLC**  
 Contact Name: **Kathy Ellis** Contact Phone Number: **901 258 0352**  
 Physical Address: **652 West Poplar** City, State, Zip: **Collierville TN 38017**  
 Phone Number: **901 853-9386** Fax Number:  
 Email Address: **W.Ellis1951@ATT.NET** Website:  
 Billing Address: **Same** City:  
 State: Zip:

**Business Type**  
 Corporation - circle one:  Private or Public Business Start Date: **11-2008**  
 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# **27-0663793** First Refund Policy on Footer: Yes  No  
 Partnership Types of Goods Sold: **day cleaning** (If yes input message in notes)

**Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form**  
 Officer/Owners Name: **William Donald Ellis** Title: **OWNER** Social Security: **414-80-1638**  
 Home Address: **1860 Nelson Ave.** City, State, Zip Code: **Memphis TN 38114**  
 Drivers License#: **035703985** Expiration Date: **6-8-24** State: **TN**  
 DOB: **8-3-51** Home Phone Number: **901 258 0352**  
 % of Business Owned: **100** % Length of Ownership: **15 years**

<b>Banking Information</b> **No starter checks or deposits accepted**	<b>Terminal Questions (Circle your answer)</b>
Name of Bank: <b>Simmons BANK</b>	Batch Out Time: <b>7:00</b>
ABA Routing #: <b>082 900 432</b>	Communication Method: IP-internet or Dial-phone <b>WiFi</b>
Account #: <b>151 000 150 13834</b>	Do you dial 9 for outside line? Yes <input checked="" type="radio"/> No

<b>Estimated Sales Volume</b>		<b>Terminal Type: <u>Volor</u></b>	
Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes <input checked="" type="radio"/> No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	<input checked="" type="radio"/> Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program:	Yes <input checked="" type="radio"/> No
Average Ticket <b>See Statement 5</b>	\$	Next Day Funding:	<input checked="" type="radio"/> Yes No
High Ticket <b>3.95%</b>	\$	Tip Edit:	Yes <input checked="" type="radio"/> No

First two sections must equal 100% respectively  
 Card Swiped: **98** % Card Keyed In: **2** % = 100%  
 Card Present: **98** % Card Not Present: **2** % = 100%  
 EBT: Yes  No FNS Number:  
 Tax Calculation: Yes  No If so tax rate: %

**Software or POS Integration Questions Only**  
 MOTO:  % Internet: %  
 Traditional  (BUXX) SimpleBuxx PrimeBuxx  
 POS Software Integration: Yes  No

Notes: **Buy the terminal with split EBT see client pay 1/2**  
 MP/AP Name: **Cop/And**  
 RP Name:  
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: **THANK YOU FOR YOUR BUSINESS**  
 Receipt Footer Message: **THANK YOU FOR YOUR BUSINESS**

Collierville