

TCFR 263956@gmail.com

Attached Required Document Checklist		Date	Fax to: 901-692-9499
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	Submitted: 4-10-23	email to: applications@impactpays.net
Copy of Drivers License <input checked="" type="checkbox"/>			



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Same

Business Legal Name: Tishomingo County Foster Rescue

Contact Name: Gail Milligan Contact Phone Number: 662-660-3366

Physical Address: 263 CR 956 City, State, Zip: Fuqua MS

Phone Number: 662-660-3366 Fax Number:

Email Address: TCFR26356@gmail.com Website:

Billing Address: Same City:

State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 7-2019

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# 84-2340822 * Print Refund Policy on Footer: Yes (No) (if yes input message in notes)

Partnership Types of Goods Sold:

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

Officer/Owners Name: Gail Milligan Title: President Social Security: 201-38-6303

Home Address: 263 CR 956 City, State, Zip Code:

Drivers License#: 802286594 Expiration Date: 10/20/26 State: MS

DOB: 10/20/47 Home Phone Number: 662-660-3366

% of Business Owned: % Length of Ownership: 4 yrs

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: First American	Batch Out Time: 7pm
ABA Routing #: 084201058	Communication Method: IP-internet or Cellular or Dial-phone
Account #: 10805157	Do you dial 9 for outside line? Yes (No)

Estimated Sales Volume		Terminal Type:	
Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$	Equipment Rental Program:	Yes No
Average Ticket	\$	Next Day Funding:	Yes (No) No
High Ticket	\$	Tip Edit:	Yes (No) No

First two sections must equal 100% respectively

Card Swiped:	% Card Keyed In:	% = 100%	
Card Present:	% Card Not Present	% = 100%	
MOTO:	% Internet:	%	
Traditional	IBUXX	SimpleBuxx	PrimeBuxx

EBT: Yes (No) FNS Number:

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version:

MP/AP Name: Tricia Wright

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Notes: Referral Partner is this rescue Swipe Simple