

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



Version: 00

Merchant Application Submission Form

Merchant (Business) DBA Name: Southern Performance Horse Dentistry PLLC

Business Legal Name: ''

Contact Name: Allen Etheridge Contact Phone Number: 662-769-4500

Physical Address: 316 Tobe Henry Rd City, State, Zip: Starkville MS 39759

Phone Number: _____ Fax Number: _____

Email Address: jalleneetheridge@hotmail.com Website: _____

Billing Address: same City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public Business Start Date: 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# _____ Print Refund Policy on Footer: Yes (No)

Partnership Types of Goods Sold: Veterinary Services (If yes input message in notes)

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

Officer/Owners Name: Allen Etheridge Title: owner Social Security: 587 47 276

Home Address: above City, State, Zip Code: _____

Drivers License#: 800980733 Expiration Date: 2/9/24 State: TN

DOB: 2/9/71 Home Phone Number: 662-769-4500

% of Business Owned: 100 % Length of Ownership: 14 yrs

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

Terminal Questions (Circle your answer)

Name of Bank: Regions Batch Out Time: 6pm

ABA Routing #: 084201294 Communication Method: IP-internet or Dial-phone

Account #: 8010952125 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: Bluetooth/mobile

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	<u>\$300</u>	Next Day Funding:	Yes	No
High Ticket	<u>\$2500</u>	Tip Edit:	Yes	No

First two sections must equal 100% respectively

EFT: Yes No FNS Number: _____

Card Swiped: 95 % Card Keyed In: 5 % = 100% 100

Card Present: 95 % Card Not Present 2 % = 100% 100

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: _____

Notes: _____

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote