

Attached Document Checklist	
Voided Check	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Fax to : 901-692-9499
email to: applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Southaven RV Park	
Business Legal Name: AMJI Investment Group	
Contact Name: Kush Shah	Contact Phone Number: 9012928972
Physical Address: 270 E Stateline Rd	City, State, Zip: Southaven, MS 38671
Phone Number: 662-393-8585	Fax Number:
Email Address: kushal517@gmail.com	Website:
Billing Address: 270 E Stateline Rd	City: Southaven
State: MS	Zip: 38671

Business Type

<input type="checkbox"/> Corporation	Business Start Date: 02/2014
<input checked="" type="checkbox"/> Limited Liability	Business Type:
<input type="checkbox"/> Sole Prop	% of Business Owned: 100 % Length of Ownership: _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Types of Goods Sold:
Federal Tax ID# 46-5011841	Refund Policy?

Ownership Information

Officer/Owners Name: Kushal Shah	Title: Partner	Social Security: 251956426
Home Address: 1991 Kirbywills Cv	City, State, Zip Code: Memphis, TN 38119	
Drivers License#: TN 107206906	Expiration Date: 05/17/20	State: TN
DOB: 5/17/1980	Home Phone Number: 9012928972	

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)		
Name of Bank Bancorp South		
City Southaven	State MS	Zip 38671
ABA Routing # 084201278		
Account # 74720020		

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$ 300,000
Estimated Visa/MC/Discover Sales	\$ 150,000
Estimated Amex Sales	\$ 50,000
Average Ticket	\$
**Highest Ticket	\$
% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Terminal Questions

Batch Out Time:
Communication Method:
Dial <input type="checkbox"/> IP-Internet <input type="checkbox"/>
Do you dial 9 for outside line? _____
Terminal Type _____
Equipment Purchase <input type="checkbox"/>
Equipment Replacement Program <input type="checkbox"/>
PIN Debit Pin Pad <input type="checkbox"/>
POS SOFTWARE <input type="checkbox"/>
Software Name & Version:
Next Day Funding (Yes or No):
Tip Edit (Yes or No):

Managing Partner

Managing Partner Name
Date Submitted

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:
