

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:

Fax to : 901-692-9499

email to:
 applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Barbaras Place
 Business Legal Name: Barbara's Place
 Contact Name: Stanley McCully Contact Phone Number: 662 779 1482
 Physical Address: 3296 N. Columbus Ave City, State, Zip: Louisville, MS 39339
 Phone Number: 662-779-1482 Fax Number: 662 779 1417
 Email Address: smccully@maxsouth.net Website:
 Billing Address: 3296 N. Columbus Ave City: Louisville
 State: MS Zip: 39339

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Partnership
 Business Start Date: 9/2006
 Refund Policy: 30 days 60 days Other: None
 EIN/Federal Tax ID# 080-04040-5 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Home & Garden (If yes input message in notes)

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

Officer/Owners Name: Barbara Title: owner Social Security:
 Home Address: see DL City, State, Zip Code:
 Drivers License#: Expiration Date: State:
 DOB: Home Phone Number:
 % of Business Owned: 100 % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time:
ABA Routing # <u>see check</u>	Communication Method: <input checked="" type="radio"/> IP-internet or <input type="radio"/> Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$800,000.00</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$400,000.00</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$34,000</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$275.00</u>	Next Day Funding: <input checked="" type="radio"/> Yes <input type="radio"/> No
High Ticket <u>\$750.00</u>	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: <u>90</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes No If so tax rate: %
Card Present: <u>90</u> % Card Not Present <u>5</u> % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional <input checked="" type="radio"/> IBUXX <input type="radio"/> SimpleBuxx <input type="radio"/> PrimeBuxx	Software Name & Version:
Notes: <u>Business hrs - 8-5 M-F</u>	MP/AP Name:
<u>8-2 Sat</u>	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: