


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	Version 2007.16	
Voided Check	<input type="checkbox"/>		email to: applications@impactpays.net		
Business Verification Document	<input type="checkbox"/>				
Copy of Drivers License	<input type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name:	Joe's Pizza + Pasta - Collinsville - IL				
Business Legal Name:	DAMCM-LLC	Website:	orderjoes.com		
Contact Name:	David McMahan	Contact Phone Number:	618-855-8200		
Physical Address:	1099 Beltline Rd	City, State, Zip:	Collinsville, IL 62234 62234		
Email Address:	jocstroy@gmail.com	Phone #:	618-401-8796		
Billing Address:	1099 Beltline Rd	City, State, Zip:	Collinsville, IL 62234		
Biz Phone #:	618-855-8200	Biz Fax #:	N/A	EIN/Tax ID #:	83-2128595
Business Type					
Corporation - Pick One:	LLC	Type:	S-Corp	Bus Open Date:	8-1-2019
Refund Policy:		Print Policy:		(If yes input refund message)	
Types of Goods Sold:					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name:	David McMahan	Title:	President	Social Security:	318-76-6516
Home Address:	7827 Zenk Rd	City, State, Zip Code:	Troy, IL 62294		
Drivers License#:	M2551758-0069	Exp Date:	9-21-22	State Issued:	IL
DOB:	9-21-1980	Home Phone#:	618-401-8996		
% of Business Owned:	100%	Byrs Length of Ownership:			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank	FCB Banks		Batch Out Time (for nextday funding 7:00 PM):		
ABA Routing #	081025198		Communication Method: .		
Account #	0512176901		Do you dial 9 for outside line? .		
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales)	\$		Reprogram Terminal: .		
Estimated Visa/MC/Discover Sales	\$		Equipment Purchase: .		
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$		Equip. Rental Program: .		
Average Ticket	\$	35.00	Next Day Funding: .		
High Ticket	\$		Tip Edit: .		
First two sections must equal 100% respectively			EFT: .	FNS Number:	
Card Swiped: %	Card Keyed In: %	= 100% 0	Tax Calculation:	If so tax rate:	
Card Present: %	Card Not Present: %	= 100% 0	Software or POS Integration Questions Only		
OTO: %	Internet: %		POS Software Integration: .		
Program Type: .			Software Name & Version:		
Notes:			MP/AP Name:		
			RP Name:		
			Pricing Provided:		
Receipt Header Message:					