

Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16						
Voided Check		Submitted:	email to: applications@impactpays.net								
Business Verification Document											
Copy of Drivers License											
IMPACT PAYSYSTEM											
Merchant Application Submission Form											
Merchant (Business) DBA Name:											
Business Legal Name:					Website:						
Contact Name:			Contact Phone Number:								
Physical Address:			City, State, Zip:								
Email Address:					Phone #:						
Billing Address:			City, State, Zip:								
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:							
Business Type											
Corporation - Pick One:		Corp Type:		Bus Open Date:							
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:			Title:		Social Security:						
Home Address:			City, State, Zip Code:								
Drivers License#:		Exp Date:		State Issued:							
DOB:		Home Phone#:									
% of Business Owned:		%		Length of Ownership:							
Banking Information ** No starter checks or deposit slips accepted **				Terminal Questions (Circle your answer)							
Name of Bank			Batch Out Time (for nextday funding 7:00 PM):								
ABA Routing #			Communication Method:								
Account #			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		\$		Next Day Funding:							
High Ticket		\$		Tip Edit:							
First two sections must equal 100% respectively				EBT:		FNS Number:					
Card Swiped:		% Card Keyed In:		% = 100%		Tax Calculation:					
Card Present:		% Card Not Present		% =100%		If so tax rate:					
				Software or POS Integration Questions Only							
MOTO:		% Internet:		% POS Software Integration:							
Program Type:		Software Name & Version:									
Notes:											
							MP/AP Name:				
							RP Name:				
Pricing Provided:											
Receipt Header Message:											
Receipt Footer Message:											