

**Attached Required Document Checklist**

Voided Check

Copy of Drivers License

Managing Partner Name: Tricia

Date Submitted: 6-3-20

Fax to: 901-692-9499

email to: applications@impactpays.net

**IMPACT**  
PAYMENT PARTNER

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Charlies Auto Parts + Hardware

Business Legal Name: Boyce C Krammichfeld

Contact Name: Boyce C Krammichfeld Contact Phone Number: 731 764 6326

Physical Address: 210 E. Hwy 57 City, State, Zip: Grand Junction 38039

Phone Number: 731 764 6326 Fax Number:

Email Address: n/a Website: n/a

Billing Address: same City:

State:  Zip:

**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: 1983

Federal Tax ID#: 62-1155120 Refund Policy? (Yes or No)

Types of Goods Sold: Hardware - auto parts

**Ownership Information (Must be 51% or more)**

Officer/Owners Name: Boyce C. Krammichfeld Title: owner Social Security: 409 74 3936

Home Address: 805 Gatlin Dr Grand Junction City, State, Zip Code: 38039

Drivers License#: 027462553 Expiration Date: 9/27/20 State: TN

DOB: 9/27/45 Home Phone Number: 731 609 6588

% of Business Owned: 51 % Length of Ownership: 1983

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: Bank of FC

ABA Routing #: 084304337

Account #: 10198644

Estimated Sales Volume			Terminal Questions	
Estimated Annual Sales (All sales)	<u>\$350K</u>		Batch Out Time:	<u>6</u>
Estimated Visa/MC/Discover Sales	<u>\$3K</u>		Communication Method:	IP-internet or <u>Dial-phone</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$</u>		Do you dial 9 for outside line?	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Average Ticket	<u>\$ 75-</u>		Terminal Type:	
High Ticket	<u>1500-5000</u>		Pin Pad Type:	
<b>First two sections must equal 100% respectively</b>			Reprogram Terminal:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Swiped: <u>99</u>	% Card Keyed In: <u>1</u>	% = <u>100%</u>	Equipment Purchase:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Card Present: <u>99</u>	% Card Not Present: <u>1</u>	% = <u>100%</u>	Equipment Rental Program:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
MOTO: <u></u>	% Internet: <u></u>	%	PIN Debit Pin Pad:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
Notes: <u>Ibuxx</u>			POS Software Integration:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
			Software Name & Version:	
			Next Day Funding:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No
			Tip Edit:	<input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No