


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	3-29-22	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Snack and Vape</u>				
Business Legal Name: <u>Snack and Vape</u>				
Contact Name: <u>Amjad Salem</u>		Contact Phone Number: <u>901-230-0025</u>		
Physical Address: <u>116315 Hwy 64</u>		City, State, Zip: <u>Somerville TN</u>		
Phone Number: <u>901-230-0025</u>		Fax Number:		
Email Address: <u>Amjagac@gmail.com</u>		Website:		
Billing Address: <u>Same</u>		City:		
State:		Zip:		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>4-15-22</u>   <u>5-1-22</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other <u>None</u>		
<u>Sole Prop</u> Other:		EIN/Federal Tax ID# <u>convenience</u>		Print Refund Policy on Footer: Yes No
Partnership		Types of Goods Sold: <u>top 5 snacks store</u>		(If yes input message in notes)
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Amjad Mohamad</u> Title: <u>Social Security: 409-83-8717</u>				
Home Address: <u>49 Moss Dr</u>		City, State, Zip Code: <u>Jackson TN</u>		
Drivers License#: <u>09541475</u>		Expiration Date: <u>8-7-26</u> State: <u>TN</u>		
DOB: <u>8-16-73</u>		Home Phone Number: <u>901 230-0025</u>		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>new</u>		
Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)		
Name of Bank: <u>Bank of Fayette</u>		Batch Out Time: <u>7pm</u>		
ABA Routing #		Communication Method: <u>IP-Internet</u> or Dial-phone		
Account #		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales) <u>\$200K</u>		Reprogram Terminal: Yes No		
Estimated Visa/MC/Discover Sales <u>\$120K</u>		Equipment Purchase: Yes No		
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$/OK</u>		Equipment Rental Program: Yes No		
Average Ticket <u>\$/0</u>		Next Day Funding: <u>Yes</u> No		
High Ticket <u>\$150</u>		Tip Edit: Yes <u>No</u>		
First two sections must equal 100% respectively		EBT (Yes) No FNS Number:		
Card Swiped: <u>98</u> % Card Keyed In: <u>2</u> % = 100%		Tax Calculation: Yes No If so tax rate: %		
Card Present: <u>100</u> % Card Not Present <u>-</u> % = 100%		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration: Yes <u>No</u>		
Traditional IBUX <u>SimpleBux</u> PrimeBux		Software Name & Version:		
Notes: <u>99% Simple Bux</u> <u>sure Bank of Fayette custom</u>		MP/AP Name: <u>Tricia Wright</u>		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				