

**Attached Required Document Checklist**

Voided Check    
 Business Verification Document   
 Copy of Drivers License

Date Submitted:  
 10/3/23

Fax to : 901-692-9499  
 email to:  
 applications@impactpays.net



Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Sullivan Animal Hospital

Business Legal Name: Amy M. Burns DVM LLC

Contact Name: Amy M. Burns Contact Phone Number: 601-373-5400

Physical Address: 5407 Robinson Rd Ext City, State, Zip: Jackson, MS 39204

Phone Number: 601-373-5400 Fax Number:

Email Address: ABurnsDVM@gmail.com Website:

Billing Address: same City:

State: Zip:

**Business Type**

Corporation - circle one: Private or Public

Business Start Date: 1/2011

LLC - circle one: C corp S corp P partner D disregarded entity

Refund Policy: 30 days 60 days Other None

Sole Prop Other:

EIN/Federal Tax ID# 27-3748029

Print Refund Policy on Footer:  
 Yes No

Partnership

Types of Goods Sold: Veterinary

(If yes input message in notes)

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

Officer/Owners Name: Title: Social Security: 425-55-4366

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: ~~8pm~~ 8pm

ABA Routing # see ck

Communication Method: IP-internet or Dial-phone

Account #

Do you dial 9 for outside line? Yes No

**Estimated Sales Volume**

Terminal Type:

Estimated Annual Sales (All sales) \$550,000

Reprogram Terminal: Yes No

Estimated Visa/MC/Discover Sales \$420,000

Equipment Purchase: Yes No

Estimated Monthly Visa/MC/Discover/AMEX Sales \$35,000

Equipment Rental Program: Yes No

Average Ticket \$1,000.00

Next Day Funding: Yes No

High Ticket \$250.00

Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: 95 % Card Keyed In: 5 % = 100%

Tax Calculation: Yes No If so tax rate: %

Card Present: 95 % Card Not Present 5 % = 100%

**Software or POS Integration Questions Only**

MOTO: % Internet: %

POS Software Integration: Yes No

Traditional IBUXX SimpleBuxx PrimeBuxx

Software Name & Version:

Notes:  
 VetBuxx  
 Valor 100 19.95

MP/AP Name: Moll; Swiderski

RP Name: Terry Swiderski

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: