


Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	Submitted: 3/16/24	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: LOS GARDINES INC.

Business Legal Name: LOS GARDINES INC.

Contact Name: ROBERTO Contact Phone Number: 618-553-1050

Physical Address: 124 E Main St City, State, Zip: Robinson, IL 62454

Phone Number: 618-544-5414 Fax Number:

Email Address: N/A Website: N/A

Billing Address: 124 E Main St City: Robinson

State: IL Zip: 62454

Business Type

Corporation - circle one: Private or Public

Business Start Date: 2005

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

Refund Policy: 30 days 60 days Other (None)

Sole Prop Other: Partnership

EIN/Federal Tax ID# 20-302 5827 Print Refund Policy on Footer: Yes (No)

Types of Goods Sold: FOOD/DRINKS (If yes input message in notes)

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

Officer/Owners Name: ROBERTO ANGEL LOPEZ Title: OWNER Social Security: 320-02-3691

Home Address: 511 S HOWARD ST City, State, Zip Code: Robinson

Drivers License#: 4524-7206-6284 Expiration Date: 10/5/2027 State: IL

DOB: 10/05/1966 Home Phone Number: 618-553-1050

% of Business Owned: 100 % Length of Ownership: 19 YRS

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: Regions Batch Out Time: 12 AM

ABA Routing #: 7182266 Communication Method: IP-internet or Dial-phone

Account #: 6000 280 146 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: Valor 4100

Estimated Annual Sales (All sales) \$ 500K Reprogram Terminal: Yes No

Estimated Visa/MC/Discover Sales \$ 38K Equipment Purchase: Yes No

Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 40K Equipment Rental Program: Yes ✓ No

Average Ticket \$ 30.00 Next Day Funding: Yes No

High Ticket \$ 130.00 Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: _____ %

Card Swiped: 100 % Card Keyed In: 0 % = 100%

Card Present: 100 % Card Not Present 0 % = 100%

MOTO: % Internet: %

Traditional (IBUXX) SimpleBuxx PrimeBuxx

Software or POS Integration Questions Only

POS Software Integration: Yes (No)

Software Name & Version:

MP/AP Name: Neil Lualaba

RP Name: ?

Pricing Provided: Statement Analysis or Quote

Notes: ANGEL LOPEZ, ROBERTO
middle Last First
He really wants bi-lingual support

Receipt Header Message:

Receipt Footer Message: Thank You for Your Business