

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 6/13/23
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: The Thrifty Nickel Carthage
 Business Legal Name: The Thrifty Nickel Inc
 Contact Name: Ricky Rogers Contact Phone Number: 601-507-2467
 Physical Address: 610 Highway 16 W City, State, Zip: Carthage, MS 39051
 Phone Number: _____ Fax Number: _____
 Email Address: _____ Website: _____
 Billing Address: Same City: Carthage
 State: MS Zip: 39051

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 2013
 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# 82-1186957 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Thrift Store (If yes input message in notes)

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

Officer/Owners Name: Ricky Rogers Title: owner Social Security: 428-33-8342
 Home Address: 10580 Rd 282 City, State, Zip Code: Philadelphia, MS 39350
 Drivers License#: see DL Expiration Date: _____ State: MS
 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: <u>6 pm</u>
ABA Routing # <u>See check</u>	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) <u>\$160,000.00</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$20.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$100.00</u>	Tip Edit: Yes No

First two sections must equal 100% respectively
 Card Swiped: 95 % Card Keyed In: 5 % = 100%
 Card Present: 95 % Card Not Present 5 % = 100%
 MOTO: _____ % Internet: _____ %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 EBT: Yes No FNS Number: _____
 Tax Calculation: Yes No If so tax rate: _____ %
Software or POS Integration Questions Only
 POS Software Integration: Yes No
 Software Name & Version: _____

Notes: Value 100 \$29.95 quote
 MP/AP Name: Molli Swidersti
 RP Name: James Bynum
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: