


Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	Submitted: 2/21/24	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Pallone Veterinary Hospital</u>				
Business Legal Name: <u>Pallone Veterinary Hospital, Inc</u>				
Contact Name: <u>Donna Horn</u>		Contact Phone Number: <u>501-556-5355</u>		
Physical Address: <u>6039 Hwy 36 W</u>		City, State, Zip: <u>Rose Bud, AR 72137</u>		
Phone Number: <u>501-556-5355</u>		Fax Number:		
Email Address: <u>donnapalloneyet@gmail.com</u>		Website:		
Billing Address: <u>same</u>				City:
State:		Zip:		
Business Type				
Corporation - circle one: <u>Private</u> or Public		Business Start Date: <u>1995</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other None		
Sole Prop Other: <u>Inc.</u>		EIN/Federal Tax ID# <u>62-1665062</u>		Print Refund Policy on Footer: Yes No
Partnership		Types of Goods Sold: <u>Veterinary Services</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:		Title:	Social Security: <u>431-06-6534</u>	
Home Address: <u>see DL</u>		City, State, Zip Code:		
Drivers License#:		Expiration Date:	State:	
DOB:		Home Phone Number:		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>4 Since opening</u>		
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 voided</u>		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>see statement \$2,500,000.00</u>		Reprogram Terminal: Yes No		
Estimated Visa/MC/Discover Sales \$		Equipment Purchase: Yes No		
Estimated Monthly Visa/MC/Discover/AMEX Sales \$		Equipment Rental Program: Yes No		
Average Ticket \$		Next Day Funding: <u>Yes</u> No		
High Ticket <u>\$8,000.00</u>		Tip Edit: Yes No		
First two sections must equal 100% respectively		EBT: Yes No FNS Number:		
Card Swiped: %	Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: %		
Card Present: %	Card Not Present: % = 100%	Software or POS Integration Questions Only		
MOTO: %	Internet: %	POS Software Integration: Yes No		
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx		Software Name & Version:		
Notes: <u>2-valor 100 terminals, virtual terminal, VetBuxx-\$34.90, 3.95%, & NO Happy Faces, set up for VT for off Prem processing</u>		MP/AP Name:		
		RP Name: <u>Terry Swiderski</u>		
		Pricing Provided: <u>Statement Analysis</u> or Quote		
Receipt Header Message:				
Receipt Footer Message:				