


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	 Version: 005
Voided Check	<input checked="" type="checkbox"/>	email to: applications@impactpays.net		
Business Verification Document	<input checked="" type="checkbox"/>			
Copy of Drivers License	<input checked="" type="checkbox"/>	Merchant Application Submission Form		
Merchant (Business) DBA Name: <u>Ed's Hair Designers</u>				
Business Legal Name: <u>Rosalia M. Arthur</u>				
Contact Name: <u>Rosalia M. Arthur</u>		Contact Phone Number: <u>361-643-6050</u>		
Physical Address: <u>1009 US Hwy 181 #5</u>		City, State, Zip: <u>Portland, Tx. 78374</u>		
Phone Number: <u>361-643-6050</u>		Fax Number: _____		
Email Address: <u>Eds hair designers@gmail.com</u>		Website: _____		
Billing Address: <u>same</u>		City: _____		
State: _____		Zip: _____		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: _____		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other None		
<input checked="" type="radio"/> Sole Prop Other: _____		EIN/Federal Tax ID# _____		Print Refund Policy on Footer: Yes <input checked="" type="checkbox"/> No
Partnership		Types of Goods Sold: <u>Hair Salon</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>Rosalia M. Arthur (owner)</u>		Social Security: <u>464-51-7210</u>		
Home Address: <u>2926 Rogers St.</u>		City, State, Zip Code: <u>Corpus Christi, Tx. 78405</u>		
Drivers License#: <u>07400946</u>		Expiration Date: _____		State: <u>Texas</u>
DOB: <u>9-4-59</u>		Home Phone Number: <u>361-442-6269</u>		
% of Business Owned: <u>100%</u>		Length of Ownership: <u>11 years</u>		
Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)		
Name of Bank: <u>1st Community Bank</u>		Batch Out Time: <u>7:00 pm Central</u>		
ABA Routing #: <u>114911807</u>		Communication Method: <input checked="" type="radio"/> IP-Internet or <input type="radio"/> Dial-phone		
Account #: <u>008 4603</u>		Do you dial 9 for outside line? Yes <input type="radio"/> No <input checked="" type="radio"/>		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales)	<u>\$ 60,000</u>	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	<u>\$ 40,000</u>	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/AMEX Sales	<u>\$ 5,000</u>	Equipment Rental Program:	Yes	No
Average Ticket	<u>\$ 25.00</u>	Next Day Funding:	<input checked="" type="radio"/> Yes	No
High Ticket	<u>\$ 100.00</u>	Tip Edit:	<input checked="" type="radio"/> Yes	No
First two sections must equal 100% respectively		EBT: Yes No FNS Number: _____		
Card Swiped: <u>95%</u> Card Keyed In: <u>5%</u> = 100%	Tax Calculation: Yes <input checked="" type="radio"/> No <input type="radio"/> If so tax rate: _____ %			
Card Present: <u>100%</u> Card Not Present: <u>0%</u> = 100%	Software or POS Integration Questions Only			
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes No			
<input checked="" type="radio"/> Traditional <input type="radio"/> IBUXX <input type="radio"/> SimpleBuxx <input type="radio"/> PrimeBuxx	Software Name & Version: _____			
Notes:	MP/AP Name: <u>Peggy Jordan</u>			
	RP Name: _____			
	Pricing Provided: Statement Analysis or Quote			
Receipt Header Message:				
Receipt Footer Message:				