


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	(NEW STORE)
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	10-2022	email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				

Merchant Application Submission Form

Merchant (Business) DBA Name: _____
 Business Legal Name: Downtown Envy
 Contact Name: Annette Drandy Contact Phone Number: 843-549-7219
 Physical Address: 216 E. Washington St. City, State, Zip: Walterboro, SC 29488
 Phone Number: 843-549-7219 Fax Number: _____
 Email Address: downtownenvy@gmail.com Website: _____
 Billing Address: SAME City: Walterboro
 State: SC Zip: 29488

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: _____
 Partnership _____

EIN/Federal Tax ID# 88-4064499 Print Refund Policy on Footer: Yes No 7 days
 (If yes input message in notes)

Refund Policy: 30 days 60 days Other None 7 days
 Types of Goods Sold: Consignment

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

Officer/Owners Name: Annette Bradley Title: Owner Social Security: 248-17-1062
 Home Address: 1890 Saint Peters Rd. City, State, Zip Code: Walterboro, SC 29488
 Drivers License#: 100223929 Expiration Date: _____ State: SC
 DOB: 2-9-58 Home Phone Number: 843-217-0612
 % of Business Owned: 100 % Length of Ownership: October 2022

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

Name of Bank _____ Batch Out Time: 5:30 P.M.
 ABA Routing # _____ Communication Method: Internet or Dial-phone
 Account # _____ Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>\$100K</u>	Reprogram Terminal:	Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Visa/MC/Discover Sales	<u>\$75⁰⁰</u>	Equipment Purchase:	Yes <input type="radio"/> No <input checked="" type="radio"/>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$</u>	Equipment Rental Program:	Yes <input type="radio"/> No <input checked="" type="radio"/>
Average Ticket	<u>\$ 75.⁰⁰</u>	Next Day Funding:	<input checked="" type="radio"/> Yes <input type="radio"/> No
High Ticket	<u>\$ 2500⁰⁰</u>	Tip Edit:	Yes <input type="radio"/> No <input checked="" type="radio"/>

First two sections must equal 100% respectively

Card Swiped: 80 % Card Keyed In: _____ % = 100%
 Card Present: 20 % Card Not Present _____ % = 100%

Software or POS Integration Questions Only

MOTO: _____ % Internet: _____ %
 Traditional IBUXX SimpleBuxx PrimeBuxx
 POS Software Integration: Yes No

Notes: Swipe Simple Terminal
 MP/AP Name: _____
 RP Name: _____
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Downtown Envy
 Receipt Footer Message: 843-549-7219