


Attached Required Document Checklist		Date	Fax to : 901-692-9499		 Version:007.16
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net		
Business Verification Document	<input type="checkbox"/>	041524			
Copy of Drivers License	<input type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name:		MBS SIGN-SUPPLY			
Business Legal Name:	HTM-MBS LLC	Website:	https://mbs-signsupply.com/		
Contact Name:	LAURE MERMINOD	Contact Phone Number:	813-938-6025		
Physical Address:	5046 W LINEBAUGH AVE	City, State, Zip:	TAMPA FL 33624		
Email Address:	ACCOUNTING@HTM-MBS.COM	Phone #:	813-938-6025		
Billing Address:	5046 W LINEBAUGH AVE	City, State, Zip:	TAMPA FL 33624		
Biz Phone #:	303-935-8565	Biz Fax #:	EIN/Tax ID #:	82-4435302	
Business Type					
Corporation - Pick One:	Private	Type:	S-Corp	Bus Open Date:	2007
Refund Policy:	30 Days	Print Policy:	.	(If yes input refund message)	
Types of Goods Sold:		Convenience Store			
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name:	JEAN PHILIPPE MERMINOD	Title:	Social Security:	769-68-1779	
Home Address:	5105 W HOMER AVE	City, State, Zip Code:	TAMPA FL 33629		
Drivers License#:	M-655-421-64-311-0	Exp Date:	02/31/2030	State Issued:	FLORIDA
DOB:	08/31/1964	Home Phone#:			
% of Business Owned:	100 %	Length of Ownership:			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank	BANK UNITED	Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #	267090594	Communication Method: .			
Account #	9854535276	Do you dial 9 for outside line? .			
Estimated Sales Volume		Terminal Type:			
Estimated Annual Sales (All sales)	\$ 1M	Reprogram Terminal: .			
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase: .			
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equip. Rental Program: .			
Average Ticket	\$ 400	Next Day Funding: Yes			
High Ticket	\$	Tip Edit: .			
First two sections must equal 100% respectively		EBT:	.	FNS Number:	
Card Swiped:	%	Card Keyed In:	%	Tax Calculation:	If so tax rate:
Card Present:	%	Card Not Present	%	Software or POS Integration Questions Only	
MOTO:	%	Internet:	%	POS Software Integration:	.
Program Type:	.	Software Name & Version:			
Notes:		MP/AP Name:			
		RP Name:			
		Pricing Provided:			
Receipt Header Message:					
Receipt Footer Message:					