


Attached Required Document Checklist		Fax to : 901-692-9499	
Voided Check		email to: applications@impactpays.net	
Business Verification Document			
Copy of Drivers License			
Managing Partner Name:			
Date Submitted:			

Merchant Application Submission Form

Merchant (Business) DBA Name: Island Tire & Automotive

Business Legal Name: Robert and Shelly Tortorello Enterprises

Contact Name: Ben Tortorello Contact Phone Number: _____

Physical Address: 151605-C S. Padre Island Dr City, State, Zip: Corpus Christi TX 78418

Phone Number: 361-949-4949 Fax Number: 361-949-8898

Email Address: islandtireauto@yahoo.com Website: _____

Billing Address: Same City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public Business Start Date: 12/21/06

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____ EIN/Federal Tax ID# 84-3817787 Refund Policy? Yes or No

Partnership _____ Types of Goods Sold: _____

Ownership Information (Must be 51% or more) *Might need information on all owners*

Officer/Owners Name: Robert Tortorello Title: President Social Security: 455-31-5736

Home Address: 13846 Halyard Dr City, State, Zip Code: Corpus Christi TX 78418

Drivers License#: 13375445 Expiration Date: 8/14/25 State: TX

DOB: 8/14/68 Home Phone Number: 512-567-0679

% of Business Owned: 51 % Length of Ownership: 2/7/2030

Banking Information

A copy of a voided check or a signed verification letter from the bank is required. *No Starter Checks Accepted*

Name of Bank: Frost Bank

ABA Routing #: 114000093

Account #: 910039950

Estimated Sales Volume	Terminal Questions
Estimated Annual Sales (All sales) \$ _____	Batch Out Time: <u>Auto - 7:00pm</u>
Estimated Annual Visa/MC/Discover/ AMEX Sales \$ <u>1,020,000</u>	Communication Method: IP-internet Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ _____	Do you dial 9 for outside line? Yes - No
Average Ticket \$ <u>125.00</u>	Terminal Type: _____
High Ticket \$ <u>1500.00</u>	Pin Pad Type: _____
First two sections must equal 100% respectively	Reprogram Terminal: Yes - No
Card Swiped: <u>95</u> % Card Keyed In: _____ % = 100%	Equipment Purchase: Yes - No
Card Present: <u>5</u> % Card Not Present _____ % = 100%	Equipment Rental Program: Yes - No
MOTO: <u>IBUX</u> % Internet: _____ %	PIN Debit Pin Pad: Yes - No
_____ or Traditional _____	POS Software Integration: Yes - No
Notes: <u>3.9570 Pax 580</u>	Software Name & Version: _____
<u>19.95/mo</u>	Next Day Funding: <u>Yes</u> - No
	Tip Edit: Yes - No