


Attached Required Document Checklist		Date	Fax to : 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Submitted:	2-11-22	email to:	
Business Verification Document <input checked="" type="checkbox"/>			applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>	Merchant Application Submission Form			
Merchant (Business) DBA Name: <u>Ayers St. Music</u>				
Business Legal Name: <u>Robert Alaniz</u>				
Contact Name: <u>Robert Alaniz</u>		Contact Phone Number:		
Physical Address: <u>3433 Ayers St.</u>		City, State, Zip: <u>Corpus Christi, Tx. 78415</u>		
Phone Number: <u>361-884-4870</u>		Fax Number: <u>361-884-4870</u>		
Email Address: <u>legacyrob@aol.com</u>		Website:		
Billing Address: <u>same</u>		City:		
State:		Zip:		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>2011</u>		
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: <u>30 days</u> 60 days Other None		
<input checked="" type="radio"/> Sole Prop Other:		EIN/Federal Tax ID#		Print Refund Policy on Footer:
Partnership		Types of Goods Sold: <u>Musical Instruction + Sales</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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>Robert Alaniz</u>		Title: <u>Owner</u> Social Security: <u>460921379</u>		
Home Address: <u>4417 Killarney Dr.</u>		City, State, Zip Code: <u>Corpus Christi, Tx 78413</u>		
Drivers License#: <u>04434540</u>		Expiration Date: <u>1/1/2023</u> State: <u>Texas</u>		
DOB: <u>1/1/56</u>		Home Phone Number: <u>361-960-2760</u>		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>11</u> years		
Banking Information <sup>**</sup> No starter checks or deposit slips accepted <sup>**</sup>		Terminal Questions (Circle your answer)		
Name of Bank <u>Navy Army Federal Credit</u>		Batch Out Time:		
ABA Routing # <u>314978343</u>		Communication Method: <input checked="" type="checkbox"/> Internet or <input type="checkbox"/> Dial-phone		
Account # <u>0000137026</u>		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales) <u>\$49,000</u>		Reprogram Terminal: Yes No		
Estimated Visa/MC/Discover Sales <u>\$</u>		Equipment Purchase: Yes No		
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$300<sup>00</sup></u>		Equipment Rental Program: Yes No		
Average Ticket <u>\$200<sup>00</sup></u>		Next Day Funding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
High Ticket <u>\$2,000<sup>00</sup></u>		Tip Edit: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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="checkbox"/> No <input type="checkbox"/> If so tax rate: _____ %		
Card Present: <u>95</u> % Card Not Present <u>5</u> % =100%		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration: Yes No		
<input checked="" type="radio"/> Traditional <input type="radio"/> IBUX <input type="radio"/> SimpleBux <input type="radio"/> PrimeBux		Software Name & Version:		
Notes: <u>Manual Batch!</u>		MP/AP Name: <u>Peggy Jordan</u>		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				