

Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: applications@impactpays.net			
Copy of Drivers License <input checked="" type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name: same - Young Appliance, LLC

Business Legal Name: Young Appliance, LLC

Contact Name: Robyn Young Contact Phone Number: _____

Physical Address: 385 Sanders Mill Rd City, State, Zip: Steens, MS 39766

Phone Number: 662-364-7719 Fax Number: _____

Email Address: robynvyoung@gmail.com Website: _____

Billing Address: same City: _____

State: _____ Zip: _____

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# 46-4976564

Types of Goods Sold: Appliance Repair & Sales

Business Start Date: April 2010

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No

(If yes input message in notes)

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

Officer/Owners Name: _____ Title: _____ Social Security: 587-59-9078

Home Address: _____ City, State, Zip Code: _____

Drivers License#: See DL Expiration Date: _____ State: _____

DOB: _____ Home Phone Number: _____

% of Business Owned: _____ % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: <u>See check</u>	Batch Out Time: <u>6 PM</u>
ABA Routing #: _____	Communication Method: <u>IP-internet</u> or Dial-phone
Account #: _____	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) <u>\$175,000</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$150,000</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$300.00</u>	Next Day Funding: Yes No
High Ticket <u>\$4,000.00</u>	Tip Edit: 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 No 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 <u>No</u>
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx	Software Name & Version: _____
Notes: <u>Quote - Morgan - \$24.95 Valor 100 Terminal</u>	MP/AP Name: <u>Molli Swiderski</u>
	RP Name: <u>James Bynam</u>
	Pricing Provided: <u>Statement Analysis</u> or <u>Quote</u>

Receipt Header Message: _____

Receipt Footer Message: _____