

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: _____ Fax to : 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: The Souther Butcher
 Business Legal Name: same w/LLC
 Contact Name: Dan Stone Contact Phone Number: 601 568 5100
 Physical Address: 257 West Beacon St Suite D Phil City, State, Zip:
 Phone Number: Same Fax Number:
 Email Address: stonecc06@yahoo.com Website:
 Billing Address: P.O. Box 870 City: Philadelphia
 State: MS Zip: 39350

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Business Start Date: Sept. 2022
 Refund Policy: 30 days 60 days Other None
 Sole Prop Other: Partnership
 EIN/Federal Tax ID# 87-2023705 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Food (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: 587-70-5069
 Home Address: See DL City, State, Zip Code:
 Drivers License#: _____ Expiration Date: _____ State:
 DOB: _____ Home Phone Number:
 % of Business Owned: 100% Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <u>7 pm</u>
ABA Routing # <u>See Bank DD Letter</u>	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>\$20,000.00</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket <u>\$35.00</u>	Next Day Funding: <u>Yes</u> No
High Ticket <u>\$125.00</u>	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: <u>Yes</u> No FNS Number:
Card Swiped: <u>90</u> % Card Keyed In: <u>10</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
Card Present: <u>90</u> % Card Not Present <u>10</u> % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUX SimpleBux <u>PrimeBux</u>	Software Name & Version:
Notes: <u>Clover POS - Counter Service Restaurant</u>	MP/AP Name: <u>Molli Swiderski</u>
	RP Name: <u>Terry Swiderski</u>
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: