

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 11/2/22
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: SSSS Steakhouse
 Business Legal Name: SSSS Steakhouse LLC
 Contact Name: Dan Stone Contact Phone Number: 601-568-5100
 Physical Address: 257 West Beacon St City, State, Zip: Philadelphia, MS 39350
 Phone Number: same Fax Number: same
 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
 Sole Prop Other:
 Partnership -
 Business Start Date: Oct 2022
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 88-4148741 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: Self-Batch
 ABA Routing #: See Bank letter Communication Method: IP-internet or Dial-phone
 Account #: Do you dial 9 for outside line? Yes No
 Estimated Sales Volume: Terminal Type:
 Estimated Annual Sales (All sales) \$50,000.00 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 \$ 85.00 Next Day Funding: Yes No
 High Ticket \$ 450.00 Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: 90 % Card Keyed In: 10 % = 100% Tax Calculation: Yes No If so tax rate: _____ %
 Card Present: 90 % Card Not Present 10 % = 100%

Software or POS Integration Questions Only

MOTO: % Internet: % POS Software Integration: Yes No
 Traditional IBUXX SimpleBuxx PrimeBuxx Software Name & Version:

Notes: Clover POS - Dinning Service
1 - mini / 2 Flex / 2 printers
 MP/AP Name: Molli Swiderski
 RP Name: Terry Swiderski
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: