

Voided Check
 Business Verification Document
 Copy of Drivers License

Submitted: _____ email to: _____
 applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: EL COYOTE BAR & GRILL
 Business Legal Name: EL COYOTE BAR & GRILL, INC.
 Contact Name: MIGUEL REBOLLO Contact Phone Number: 217-294-2454
 Physical Address: 430 W. STATE ST City, State, Zip: CHARLESTON, IL 61920
 Phone Number: 217-508-4275 Fax Number: _____
 Email Address: Miguel.Rebollo2002@yahoo.com Website: _____
 Billing Address: 430 W. STATE ST City: CHARLESTON
 State: IL Zip: 61920

Business Type

Corporation - circle one: Private or Public Business Start Date: Approx. 7-4-22
 LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other (None)
 Sole Prop Other: _____ EIN/Federal Tax ID# 88-2324294 Print Refund Policy on Footer: Yes No
 Partnership Types of Goods Sold: Food & Drink (If yes input message in notes)

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

Officer/Owners Name: MIGUEL REBOLLO Title: OWNER Social Security: 392-63-2967
 Home Address: 11 Meadowview Estates City, State, Zip Code: Mattoon, IL 61938
 Drivers License#: R146-5417-7068 Expiration Date: 3-6-24 State: IL
 DOB: 3-6-77 Home Phone Number: 217-294-2454
 % of Business Owned: 51 % Length of Ownership: NEW -> 3 MO'S

TACO AMIGOS

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: First Mid Bank & Trust Batch Out Time: 10:30
 ABA Routing #: 071102076 Communication Method: IP-internet or Dial-phone
 Account #: 8550069433 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)	\$	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales <u>New Business</u>	\$	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Rental Program:	Yes	No
Average Ticket	\$	Next Day Funding:	Yes	No
High Ticket	\$	Tip Edit:	Yes	No

First two sections must equal 100% respectively

EBT: Yes No FNS Number: _____

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

Software or POS Integration Questions Only

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

Notes: 2 - VL500's MP/AP Name: _____
Much Like Taco Amigo's RP Name: _____
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Reprint Footer Message: