

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



Merchant Application Submission Form

Merchant (Business) DBA Name: <i>Pilson Auto Center of Charleston</i>			
Business Legal Name: <i>Dan Pilson Auto Center, INC</i>		Website:	
Contact Name: <i>Todd Kresin</i>		Contact Phone Number: <i>217-345-3673</i>	
Physical Address: <i>1506 18th St</i>		City, State, Zip: <i>Charleston, IL 61920</i>	
Email Address: <i>TKRESIN@pilsonAuto.com</i>		Phone #: <i>217-345-3673</i>	Fax #:
Billing Address: <i>same</i>		City, State, Zip:	
Biz Phone #:	Biz Fax #:	EIN/Tax ID #: <i>37-1121815</i>	

Business Type			
Corporation - Pick One:	Corp Type: <i>INC</i>	Business Start Date: <i>11/1/1982 (40 years)</i>	
Refund Policy:	Print Policy:	<i>(If yes input refund message)</i>	

Types of Goods Sold: *MCL-7531 Auto dealer & repairs*

Ownership Information (Must be 51% or more) If multiple owners fill out additional ownership form			
Officer/Owners Name: <i>James Pilson owner</i>	Title:	Social Security: <i>345-72-7256</i>	
Home Address: <i>17 Cambridge</i>		City, State, Zip Code: <i>Mt Vernon, IL 61938</i>	
Drivers License#:	Exp Date:	State Issued:	
DOB: <i>1/7/69</i>	Home Phone#: <i>217-235-3643</i>		
% of Business Owned: %	Length of Ownership:		

Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)	
Name of Bank: <i>First MID Bank</i>	Batch Out Time: <i>8:00 Central</i>		
ABA Routing #: <i>071102076</i>	Communication Method: <i>IP</i>		
Account #: <i>0009137473</i>	Do you dial 9 for outside line?		

Estimated Sales Volume		Terminal Type: <i>Valor 500 X2</i>	
Estimated Annual Sales (All sales) \$		Reprogram Terminal:	
Estimated Visa/MC/Discover Sales \$		Equipment Purchase: <i>YES</i>	
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ <i>190,000</i>		Equip. Rental Program:	
Average Ticket \$ <i>225.00</i>		Next Day Funding: <i>YES</i>	
High Ticket \$ <i>1500.00</i>		Tip Edit: <i>NO</i>	

First two sections must equal 100% respectively				EBT:	FNS Number:
Card Swiped: <i>98</i> %	Card Keyed In: <i>2</i> %	Card Not Present: <i>0</i> %	MOTO: <i>0</i> %	Tax Calculation:	If so tax rate:

Software or POS Integration Questions Only					
POS Software Integration:					
Program Type:			Software Name & Version:		
Notes: <i>2-Valor 500s</i>			MP/AP Name:		
			RP Name:		
			Pricing Provided:		

Receipt Header Message:

Receipt Footer Message: