

Attached Document Checklist
 Voided Check
 Copy of Drivers License

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



Merchant Application Submission Form

Merchant (Business) DBA Name: CRAZY Bob's Cafe Bobby Morgan
Business Legal Name: CRAZY Bob's Cafe
Contact Name: Bobby Morgan **Contact Phone Number:** 205 9158054
Physical Address: 570 State Street **City, State, Zip:** Sumiton AL 35148
Phone Number: 205 255 6661 **Fax Number:**
Email Address: jmorgan8053@charter.net **Website:** Crazy BobsCafe
Billing Address: 220 Mark Lund Rd **City:** Sumiton AL 35148
State: AL **Zip:** 35148

Business Type

Corporation **Business Start Date:** 1/1/2018
 Limited Liability **Business Type:** Cafe
 Sole Prop **% of Business Owned:** _____ % **Length of Ownership:** _____
 Partnership Other **Types of Goods Sold:**
Federal Tax ID# **Refund Policy?**

Ownership Information

Officer/Owners Name: Bobby Morgan **Title:** owner **Social Security:** 423765495
Home Address: 220 Mark Lund Rd **City, State, Zip Code:** Sumiton AL 35148
Drivers License#: 3137688 **Expiration Date:** 4/6/2024 **State:** AL
DOB: 1/30/1954 **Home Phone Number:** 205 9158054

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
Name of Bank: Synovus
City: DORA **State:** AL **Zip:** 35062
ABA Routing #: 062201274
Account #: 1006389320

Estimated Sales Volume

Estimated Annual Sales (All sales) \$ 25,000.00
Estimated Visa/MC/Discover Sales \$ 23,000.00
Estimated Amex Sales \$ 0
Average Ticket \$ 18.00
****Highest Ticket** \$ 35.00

% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Terminal Questions

Batch Out Time: Daily 8pm
Communication Method:
 Dial IP-Internet
Do you dial 9 for outside line? _____
Terminal Type _____
 Equipment Purchase
 Equipment Replacement Program
 PIN Debit Pin Pad
 POS SOFTWARE
Software Name & Version: _____
Next Day Funding (Yes or No): _____
Tip Edit (Yes or No): Yes time of sale

Managing Partner

Managing Partner Name: Kayla Appleberry
Date Submitted: 1/7/2022

Internal Use Only

Date Received:	IC +:	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: