

Attached Required Document Checklist		Date Submitted: 12-1-22	Fax to: [blank]	email to: applications@impactpays.net	IMPACT PAYMENT PARTNERS	Version: 005
Voided Check <input checked="" type="checkbox"/>						
Business Verification Document <input checked="" type="checkbox"/>						
Copy of Drivers License <input checked="" type="checkbox"/>						
Merchant Application Submission Form						
Merchant (Business) DBA Name: Country Paradise Dinner						
Business Legal Name: SAME						
Contact Name: Cynthia A Rivera			Contact Phone Number: 803-928-4541			
Physical Address: [blank]						
Phone Number: 803-676-0034			Fax Number: @ gmail.com			
Email Address: cynthiarivera428@gmail.com						
Billing Address: 2253 Buckhead Rd City: SMOAKS						
State: SC Zip: 29481						
Business Type						
Corporation - circle one: <input checked="" type="radio"/> Private or Public			Business Start Date: Oct. 1 2022			
LLC - circle one: C corp S corp P partner D disregarded entity			Refund Policy: 30 days 60 days Other <input checked="" type="radio"/> None			
<input checked="" type="radio"/> Sole Prop Other: Partnership			EIN/Federal Tax ID#		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: Cynthia A Rivera Title: Owner Social Security: 168 54 6946						
Home Address: 2253 Buckhead Rd City, State, Zip Code: SMOAKS SC 29481						
Drivers License#: 0010533696 Expiration Date: 10/10/27 State: SC						
DOB: 10/10/70 Home Phone Number: 803						
% of Business Owned: 100 % Length of Ownership: Oct. 2022						
Banking Information ** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)		
Name of Bank: Everyday Checking				Batch Out Time: 10 am for now		
ABA Routing #: 256074974				Communication Method: <input checked="" type="radio"/> IP-internet or Dial-phone		
Account #: 7057364098				Do you dial 9 for outside line? Yes <input checked="" type="radio"/> No		
Estimated Sales Volume				Terminal Type: 19.95 with tip		
Estimated Annual Sales (All sales) monthly \$6000				Reprogram Terminal: Yes <input checked="" type="radio"/> No		
Estimated Visa/MC/Discover Sales \$				Equipment Purchase: Yes <input checked="" type="radio"/> No		
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$				Equipment Rental Program: Yes <input checked="" type="radio"/> No		
Average Ticket \$25				Next Day Funding: <input checked="" type="radio"/> Yes No		
High Ticket \$50				Tip Edit: <input checked="" type="radio"/> Yes No		
First two sections must equal 100% respectively				EBT: Yes <input checked="" type="radio"/> No FNS Number:		
Card Swiped: 100 % Card Keyed In: % = 100%				Tax Calculation: Yes <input checked="" type="radio"/> No If so tax rate:		
Card Present: <input checked="" type="checkbox"/> % Card Not Present % = 100%				Software or POS Integration Questions Only		
MOTO: % Internet: %				POS Software Integration: Yes No		
Traditional <input checked="" type="radio"/> IBUXX SimpleBuxx PrimeBuxx				Software Name & Version:		
Notes: IBUXX 19.95 PAX				MP/AP Name:		
tip Add Please 80				RP Name:		
				Pricing Provided: Statement Analysis or Quote		
Receipt Header Message: Country Paradise Dinner						
Receipt Footer Message: 803-676-0034						