

Attached Required Document Checklist

Voided Check

Business Verification Document

Copy of Drivers License

Date Submitted:

Fax to : 901-692-9499

email to:
applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Composite Technology Development

Business Legal Name: Composite Technology Development, Inc

Contact Name: Brandie Kerbs Contact Phone Number: 303-664-0394

Physical Address: 2600 Campus Dr, suite City, State, Zip: Lafayette, CO 80026

Phone Number: 303-664-0394 Fax Number: 303-664-0392

Email Address: Brandie.Kerbs@cta-materials.com Website:

Billing Address: same City:

State: Zip:

Business Type:

Corporation - circle one: Private or Public

Business Start Date: 1985

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None

Sole Prop Other: Partnership

EIN/Federal Tax ID# 84-1081947 Print Refund Policy on Footer: Yes No

Types of Goods Sold: Technology research and development (If yes input message in notes)

Ownership Information (Must be 21 or more) & multiple owners fill out additional ownership form

Officer/Owners Name: Martin Bates Title: CEO Social Security: 217-716-9485

Home Address: 12838 German Church Rd. City, State, Zip Code: Alliance, OH 44601

Drivers License#: RL232475 Expiration Date: 10/8/23 State: OH

DOB: 10/8/1960 Home Phone Number: 303-664-0394

% of Business Owned: 100 % Length of Ownership: 23 months

Banking Information (A voided check or BOA verification letter from the bank is required) * Bank routing code or direct deposit agreement

Name of Bank: J.P. Morgan Chase

ABA Routing #: 108001017

Account #: 478239804

Estimated Sales Volume		Terminal Setup	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	
Estimated Visa/MC/Discover Sales	\$	Communication Method: <u>IP-internet</u> or Dial-phone	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Do you dial 9 for outside line? Yes No	
Average Ticket	\$ <u>2000.00</u>	Terminal Type:	
High Ticket	\$	Reprogram Terminal: Yes No	
If 2 lines, options must equal 100% respectively		Equipment Purchase: Yes No	
Card Swiped: % Card Keyed In: <u>100</u> % = 100%		Equipment Rental Program: Yes No	
Card Present: % Card Not Present % = 100%		POS Software Integration: Yes No	
MOTO: % Internet: %		Software Name & Version:	
Traditional IBUXX SimpleBuxx PrimeBuxx		Next Day Funding: Yes No	
Notes: <u>USAePay</u>		Tip Edit: Yes No	
		MP/AP Name:	
		RP Name:	
		Pricing Provided: Statement Analysis or Quote	

Receipt Header Message:

Receipt Footer Message: Version: 005