


<b>Attached Required Document Checklist</b>		Fax to: 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>	email to: applications@impactpays.net	
Business Verification Document	<input checked="" type="checkbox"/>		
Copy of Drivers License	<input checked="" type="checkbox"/>		
Managing Partner Name:	Tricia Wright		
Date Submitted:	5-14-21		

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Columbine Coffee House  
 Business Legal Name: " " LLC  
 Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 Physical Address: 200 Chickasaw Ridge Dr City, State, Zip: Oakland TN 38060  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: CurryGarule@gmail.com Website: \_\_\_\_\_  
 Billing Address: same City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Type**

Corporation - circle one: Private or Public  
 LLC - circle one: Corp S corp P partner D disregarded entity  
 Sole Prop  Other:  
 Partnership  
 Business Start Date: June 2021  
 EIN/Federal Tax ID#: 86-3048956 Refund Policy? Yes or (No)   
 Types of Goods Sold: Coffee Shop

**Ownership Information (Must be 51% or more) \*Might need information on all owners\***

Officer/Owners Name: Eric Garule Title: \_\_\_\_\_ Social Security: 524 21 4737  
 Home Address: 100 Choctaw Dr City, State, Zip Code: Oakland  
 Drivers License#: attached Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 % of Business Owned: 100 % Length of Ownership: \_\_\_\_\_

**Banking Information**

A copy of a voided check or a signed verification letter from the bank is required. \*No Starter Checks Accepted\*

Name of Bank: attached  
 ABA Routing #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Estimated Sales Volume**

Estimated Annual Sales (All sales) \$ \_\_\_\_\_  
 Estimated Annual Visa/MC/Discover/ AMEX Sales \$ \_\_\_\_\_  
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ \_\_\_\_\_  
 Average Ticket \$ 5  
 High Ticket \$ 100

**Terminal Questions**

Batch Out Time: 8pm  
 Communication Method: IP-Internet Dial-phone WIFI  
 Do you dial 9 for outside line? Yes - No  
 Terminal Type: Clavier  
 Pin Pad Type: \_\_\_\_\_  
 Reprogram Terminal: Yes - No  
 Equipment Purchase: Yes - No  
 Equipment Rental Program: Yes - No  
 PIN Debit Pin Pad: Yes - No  
 POS Software Integration: Yes - No  
 Software Name & Version: \_\_\_\_\_  
 Next Day Funding: Yes - No  
 Tip Edit: Yes - No

**First two sections must equal 100% respectively**

Card Swiped: 90 % Card Keyed In: 10 % = 100%  
 Card Present: 90 % Card Not Present 10 % = 100%  
 MOTO: \_\_\_\_\_ % Internet: \_\_\_\_\_ %  
 IBUXX or Traditional  
 Notes: \_\_\_\_\_

Version: 004