

| | | | |
|---|--|--------------|--|
| 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"/> | | Mar 05, 2024 | |
| Copy of Drivers License <input checked="" type="checkbox"/> | | | |



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Kayla McMahon

Business Legal Name: CK Hospitality

Contact Name: Kayla McMahon Contact Phone Number: _____

Physical Address: 23 Country Club View City, State, Zip: Edwardsville IL 62025

Phone Number: (217) 246-7722 Fax Number: _____

Email Address: ckhospitality@gmail.com Website: _____

Billing Address: P.O. Box 599 City: Edwardsville

State: IL Zip: 62025

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____

Partnership

EIN/Federal Tax ID# _____

Types of Goods Sold: _____

Business Start Date: _____

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Kayla McMahon Title: Owner Social Security: 321-84-9663

Home Address: 23 Country Club View City, State, Zip Code: Edwardsville IL 62025

Drivers License#: M 255 5138 97 49 Expiration Date: 05/25/2027 State: IL

DOB: 05/25/1989 Home Phone Number: (217) 246-7722

% of Business Owned: 100 % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: Edwardsville Bank Batch Out Time: _____

ABA Routing #: 081019133 Communication Method: IP-internet or Dial-phone

Account #: 0130046451 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

| | | | | |
|--|----|---------------------------|-----|----|
| Estimated Annual Sales (All sales) | \$ | Reprogram Terminal: | Yes | No |
| Estimated Visa/MC/Discover Sales | \$ | Equipment Purchase: | Yes | No |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | \$ | Equipment Rental Program: | Yes | No |
| Average Ticket | \$ | Next Day Funding: | Yes | No |
| High Ticket | \$ | Tip Edit: | Yes | No |

First two sections must equal 100% respectively

Card Swiped: % Card Keyed In: % =100%

Card Present: % Card Not Present % =100%

EBT: Yes No FNS Number: _____

Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %

POS Software Integration: Yes No

Traditional IBUXX SimpleBuxx PrimeBuxx

Software Name & Version: _____

Notes: _____

MP/AP Name: _____

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: