

Attached Required Document Checklist

Voided Check  Letter   
Business Verification Document   
Copy of Drivers License

Date Submitted: \_\_\_\_\_ Fax to : 901-692-9499  
email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Choctaw Nutrition  
Business Legal Name: Choctaw Nutrition  
Contact Name: JAMIE WATSON Contact Phone Number: 731 445 6522  
Physical Address: 116 E MAIN STREET City, State, Zip: NEWBERN TN 38059  
Phone Number: 731-377 3320 Fax Number:  
Email Address: ChoctawNutrition2022@gmail.com Website:  
Billing Address: 116 E Main St City: NEWBERN  
State: TN Zip: 38059

Business Type

Corporation - circle one:  Private or Public  
Business Start Date: April 2022  
 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# 87-4011982 Print Refund Policy on Footer: Yes  No  
Types of Goods Sold: Nutrition Shop (If yes input message in notes)

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

Officer/Owners Name: JAMIE WATSON Title: Owner Social Security: 409 41 6648  
Home Address: 3325 BRUCEVILLE SLAB RD City, State, Zip Code: Dyersburg, TN 38024  
Drivers License#: 083153547 Expiration Date: 11-8-26 State: TN  
DOB: 10-24-78 Home Phone Number: 731 445 6522  
% of Business Owned: 100 % Length of Ownership: 1 month

Banking Information \* No starter checks or deposit slips accepted

Terminal Questions (Circle your answer)

Name of Bank Security BANK Batch Out Time: 7:00 pm  
ABA Routing # 084307790 Communication Method:  IP-internet or Dial-phone  
Account # 4257251 Do you dial 9 for outside line? Yes  No

Estimated Sales Volume

Terminal Type: VALOR

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 \$ 10.00 Next Day Funding:  Yes No  
High Ticket \$ \_\_\_\_\_ Tip Edit:  Yes No

First two sections must equal 100% respectively

EBT: Yes  No FNS Number: \_\_\_\_\_

Card Swiped: 98 % Card Keyed In: 2 % = 100% Tax Calculation: Yes No If so tax rate: \_\_\_\_\_ %  
Card Present: 98 % Card Not Present 2 % = 100%

Software or POS Integration Questions Only

MOTO: % Internet: % POS Software Integration: Yes No  
Traditional  IBUXX SimpleBuxx PrimeBuxx Software Name & Version: \_\_\_\_\_

Notes: iBuxx w/ VALOR w/ si  
MP/AP Name: \_\_\_\_\_  
RP Name: \_\_\_\_\_  
Pricing Provided: Statement Analysis or Quote

Receipt Header Message: \_\_\_\_\_

Receipt Footer Message: \_\_\_\_\_