


Attached Required Document Checklist Voided Check <input type="checkbox"/> Business Verification Document <input type="checkbox"/> Copy of Drivers License <input type="checkbox"/>		Date Submitted: _____ Fax to: 901-692-9499 email to: applications@impactpays.net	 Version: 005
Merchant Application Submission Form			
Merchant (Business) DBA Name: <u>Big LOVE Pet Vet</u>			
Business Legal Name: <u>Big LOVE Pet Vet</u>			
Contact Name: <u>Donna Faulkner</u>		Contact Phone Number: <u>870 714 0649</u>	
Physical Address: <u>110 Hwy 44N</u>		City, State, Zip: <u>Elaine, AR 72333</u>	
Phone Number: <u>662 312 4697</u>		Fax Number: _____	
Email Address: <u>idruv.pets@gmail.com</u>		Website: _____	
Billing Address: <u>P.O. Box 598</u>		City: <u>Elaine</u>	
State: <u>AR</u>		Zip: <u>72333</u>	
Business Type			
Corporation - circle one: Private or Public		Business Start Date: <u>Feb 1, 18</u>	
LLC - circle one: C corp S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other <u>None</u>	
<input checked="" type="radio"/> Sole Prop Other: _____ <input type="radio"/> Partnership		EIN/Federal Tax ID# <u>82-4564056</u> Types of Goods Sold: <u>Veterinary Serv</u>	
Print Refund Policy on Footer: Yes <input type="radio"/> No <input checked="" type="radio"/> (If yes input message in notes)			
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form			
Officer/Owners Name: <u>Sheila Connolly, DVM</u>		Social Security: <u>591 56 8863</u>	
Home Address: <u>PO Box 598</u>		City, State, Zip Code: <u>Elaine AR 72333</u>	
Drivers License#: <u>940599372</u>		Expiration Date: <u>11-13-2025</u> State: <u>AR</u>	
DOB: <u>11-13-76</u>		Home Phone Number: <u>662 312 4697</u>	
% of Business Owned: <u>100</u> %		Length of Ownership: <u>4y</u>	
Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank: <u>Southern Bancorp</u>		Batch Out Time: _____	
ABA Routing #: <u>082901334</u>		Communication Method: IP-internet or Dial-phone	
Account #: <u>6481798</u>		Do you dial 9 for outside line? Yes <input type="radio"/> No <input checked="" type="radio"/>	
Estimated Sales Volume		Terminal Type:	
Estimated Annual Sales (All sales)	\$ _____	Reprogram Terminal:	Yes <input type="radio"/> No <input type="radio"/>
Estimated Visa/MC/Discover Sales	\$ _____	Equipment Purchase:	Yes <input type="radio"/> No <input type="radio"/>
Estimated Monthly Visa/MC/Discover / AMEX Sales	\$ _____	Equipment Rental Program:	Yes <input type="radio"/> No <input type="radio"/>
Average Ticket	\$ <u>150⁰⁰</u>	Next Day Funding:	Yes <input type="radio"/> No <input type="radio"/>
High Ticket	\$ <u>707⁰⁰</u>	Tip Edit:	Yes <input type="radio"/> No <input checked="" type="radio"/>
First two sections must equal 100% respectively		EBT: Yes <input type="radio"/> No <input checked="" type="radio"/> FNS Number: _____	
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes <input type="radio"/> No <input checked="" type="radio"/> If so tax rate: _____ %		
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	Software or POS Integration Questions Only		
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes <input type="radio"/> No <input checked="" type="radio"/>		
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version: _____		
Notes: _____		MP/AP Name: _____	
		RP Name: _____	
		Pricing Provided: Statement Analysis or Quote	
Receipt Header Message: <u>Big Love Pet Vet Sheila Connolly DVM 662 312 4697</u>			
Receipt Footer Message: <u>Thank You For Your Business</u>			