

Attached Required Document Checklist	Fax to : 901-692-9499	IMPACT — PAYMENT PARTNERS —
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: <u>Molli Swiderski</u>		
Date Submitted: <u>5/9/22 RP Terry Swiderski</u>		

Merchant Application Submission Form

Merchant (Business) DBA Name: <u>Magnolia Animal Hospital, LLC</u>	
Business Legal Name: <u>same</u>	
Contact Name: <u>Mike Watson</u>	Contact Phone Number:
Physical Address: <u>2517 S Gallatin St</u>	City, State, Zip: <u>Jackson, MS 39204</u>
Phone Number: <u>601-969-3502</u>	Fax Number: <u>601-969-1256</u>
Email Address: <u>magnoliamvetlab@att.net</u>	Website: <u>magnoliaanimalhospital.com</u>
Billing Address: <u>same</u>	City:
State:	Zip:

Business Type

<input type="checkbox"/> Corporation - circle one: <u>Private</u> or Public	Business Start Date: <u>11/01/2001</u>
<input checked="" type="checkbox"/> LLC circle one: C corp S corp P partner D disregarded entity	
<input type="checkbox"/> Sole Prop <input type="checkbox"/> Other:	EIN/Federal Tax ID# <u>640948116</u> Refund Policy? Yes or No
<input type="checkbox"/> Partnership	Types of Goods Sold: <u>Veterinary</u>

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

Officer/Owners Name:	Title: <u>Owner</u>	Social Security: <u>428-06-7881</u>
Home Address:	City, State, Zip Code:	
Drivers License#: <u>See DL</u>	Expiration Date:	State:
DOB:	Home Phone Number:	
% of Business Owned: _____%	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	
ABA Routing #	<u>See check</u>
Account #	

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$	Batch Out Time:	<u>6 PM</u>
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$	Communication Method:	<u>IP-internet</u> Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Do you dial 9 for outside line?	Yes - No
Average Ticket	\$ <u>400.00</u>	Terminal Type:	
High Ticket	\$ <u>4,000.00</u>	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%		Equipment Purchase:	Yes - No
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%		Equipment Rental Program:	Yes - No
MOTO: _____ % Internet: _____ %		PIN Debit Pin Pad:	Yes - No
<u>IBUXX</u> or Traditional		POS Software Integration:	Yes - No
Notes: <u>VET BUXX</u>		Software Name & Version:	
		Next Day Funding:	<u>Yes</u> - No
		Tip Edit:	Yes - No