

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 4/24/23
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name:
 Business Legal Name: District MS07 NBHA
 Contact Name: Jermeay Thomas Contact Phone Number: 601-504-7811
 Physical Address: 10171 Rd 2645 City, State, Zip: Philadelphia, MS 39350
 Phone Number: Same Fax Number:
 Email Address: Scott.Thomas007@yahoo.com Website:
 Billing Address: Same City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: Tax Expt.org
 Partnership
 Business Start Date:
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 83-1393758
 Types of Goods Sold:
 Print Refund Policy on Footer: Yes No
 (If yes input message in notes)

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

Officer/Owners Name: Jermeay Thomas Title: President Social Security: 587-51-9291
 Home Address: 10171 Rd 2645 City, State, Zip Code: Philadelphia, MS 39350
 Drivers License#: See DL Expiration Date: State: MS
 DOB: Home Phone Number: 601-504-7811
 % of Business Owned: % Length of Ownership: 2 years

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

Terminal Questions (Circle your answer)

Name of Bank
 ABA Routing # see check
 Account #
 Batch Out Time:
 Communication Method: IP-internet or Dial-phone
 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)	\$20,000	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	\$12,000	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$4,000	Equipment Rental Program:	Yes	No
Average Ticket	\$150-	Next Day Funding:	Yes	No
High Ticket	\$500-	Tip Edit:	Yes	No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:

Card Swiped: 90 % Card Keyed In: 10 % =100%
 Card Present: 90 % Card Not Present 10 % =100%

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

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

Notes: Swipe Simple mobile
 MP/AP Name: Mollie Swiderski
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: