


<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: applications@impactpays.net		
Copy of Drivers License <input checked="" type="checkbox"/>				
<b>Merchant Application Submission Form</b>				
Merchant (Business) DBA Name: Philadelphia Country Club				
Business Legal Name: same				
Contact Name: Candie Sanderson		Contact Phone Number: 601 504 1035		
Physical Address: 10100 Country Club Dr		City, State, Zip: Philadelphia, MS 39350		
Phone Number: 601 504 1035		Fax Number: 601 656 2367		
Email Address: PCC, Philadelphia Country Club@gmail.com		Website: *Philadelphia Country Club.com		
Billing Address: P.O. Box 707 phil., MS 39350		City:		
State:		Zip:		
<b>Business Type</b>				
Corporation - circle one: Private or Public		Business Start Date: 1973		
LLC - circle one: <u>C corp</u> S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other None		
Sole Prop Other:		EIN/Federal Tax ID# 64-0299042		Print Refund Policy on Footer: Yes No
Partnership		Types of Goods Sold: Golf Course		(If yes Input message in notes)
<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>				
Officer/Owners Name: Mike Tensley Title: President Social Security: 428-08-5097				
Home Address: City, State, Zip Code:				
Drivers License#: see DL		Expiration Date:		State:
DOB:		Home Phone Number:		
% of Business Owned: 51 %		Length of Ownership:		
Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)		
Name of Bank		Batch Out Time:		
ABA Routing # see check		Communication Method: <u>IP-internet</u> or Dial-phone		
Account #		Do you dial 9 for outside line? Yes No		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales) \$50,000.00		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 \$ 5000		Next Day Funding: Yes No		
High Ticket \$ 100.00		Tip Edit: Yes No		
First two sections must equal 100% respectively		EBT: Yes No FNS Number:		
Card Swiped: % Card Keyed In: % = 100%		Tax Calculation: Yes No If so tax rate: %		
Card Present: % Card Not Present % = 100%		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration: Yes No		
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx		Software Name & Version:		
Notes:		MP/AP Name:		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				