Attached Required Pocument Checklist	Date	Fax to: 901-6	92-9499		
Voided Check [V	Submitted:		email to:	IMPACT	
Business Verification Document Copy of Drivers License	3/16/22	applicatio	ns@impactpays.net	FOTBIAT PARTECOL	Version: 005
	Mercha	nt Application	Submission Form		
Merchant (Business) DBA Name: Doubletree Veterinary Clinic					
Business Legal Name: Double-	iic				
Contact Name: Cliff Peck, DVM Contact Phone Number: 501-821. 1880					
Physical Address: 5 me as willing Chy, State, Zip:					
Phone Number: 501.821.1880 Fax Number: 501-821-2933					
Email Address: dvetclinic @ comcast, netwebsite: www.doubletree veterinars Billing Address: 210010 Ferndale Cutoff Rd Little Rock Clinic. com					
Billing Address: 2606 Ferndale Cutoff Rd. Little Roch Clinic. Com					
state: Arkansas zip: 72223					
		Business 1	type Veterinar	Clinic	
Corporation - circle one: Private or Public		Business Start Date:			
LLC-chrcle one: C corp S corp P partner D disregarded entity			Refund Policy: 30 days 60 days Other None		
Sole Prop Other:	EIN/Federa	Tax ID# 71	-0848163	Print Refund Policy on Footer Yes (No.)	
	Types of Goo		eterinky/	(If yes input message in notes	
Ownership Information	(Must be 51	% or more) if m	ultiple owners 🛍 out addi		10 1
Officer/Owners Name: CI.FF Red	رالا	Title: Pro	Social Security:		
Home Address: 19500 Burling	Auc P		City, State, Zip Code: (		223
Drivers License#: 917308793	3	Expiration Da	te: 7-7-2025	State: //	
DOB: 7-7-1961		Home Phone	Number: Number:	- 1	
% of Business Owned: 100 %		Length of Ow		<u> </u>	
Banking Information ** No starter checks or deposit slips accepted **			Terminal Questions (Circle your answer)		
Name of Bank Center. it ]			Batch Out Time: 6 15 7 30 PM		
ABA Routing # 82902757			Communication Method: IP-internet or Dial-phone		
Account# 500/009616			Do you dial 9 for outside line? Yes No		
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales)		\$	Reprogram Terminal:	Yes No	<u> </u>
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:	Yes No	<u> </u>
Estimated Monthly Visa/MC/Discover/AM	EX Sales	\$	Equipment Rental Progr	ram: Yes No	
Average Ticket			Next Day Funding:	Yes No	
High Ticket   \$4,000.00					
First two sections must equal 100% respectively			EBT: Yes (No) FNS Number:		
Card Swiped: 90 % Card Keyed In: 10 % = 100%			Tax Calculation: Yes No If so tax rate:%		
Card Present: 90 % Card Not Present /0 %=100%			Software or POS Integration Questions Only		
MOTO: % Internet: %			POS Software Integration: Yes No		
Traditional IBUXX SimpleBuxx PrimeBuxx			Software Name & Version: HVm5		
Notes: Vet Buxx \$34.95 and mobile for \$9.95			MP/AP Name:		
			RP Name:		
			Pricing Provided: Statement Analysis or Quote		
Receipt Header Message: Double-tree Veterinary Clinic					
Receipt Footer Message:	<del>                                      </del>		,		



## **Ghost Sheet**

In order to get our Merchants, set up seamlessly and effortlessly we need as much information as you can upfront. Please fill out all applicable fields.

☐ How does the merchant process cards today?
☐ Terminal: 12 Yes ☐ No Make/ Model:
☐ POS System? ☐ Yes ☑ No Name:
☐ Payment Gateway or Online Shopping Cart? (such as Auth.net, USA ePay,
Shopify etc.)
☐ Yes ☐ No Name:
☐ Any other Software?
☐ Does the Merchant want to keep their current equipment? ☐ Yes ☐ No
☐ Front & Back picture of terminal attached
☐ Line of communication: Is Merchant using IP (Internet wire connected to the internet
router) or Dial (phone line) for internet access? 🗹 IP 🗆 Dial
☐ Does Merchant accept Gift Cards or want to accept them? ☐ Yes ☑ No ☐ Wants
☐ Does Merchant have a need for ACH recurring billing ☐ Yes ☐ No ☐ Wants
☐ Does Merchant need Next Day Funding 12 Yes ☐ No ☐ Wants
☐ Does Merchant want Surcharging Program or Traditional Pricing Program?
☑ Surcharge Program ☐ Traditional Program
Ve-tBuxx

☑ Referred by: MOlli Swiderski > RP. Terry Swiderski

☑ Merchant Name: Doubletree Veterinary Clinic