

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 7-11-23
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Neaville Internal Medicine, PLLC
 Business Legal Name:
 Contact Name: Madison Morgan Contact Phone Number: 870-569-4215
 Physical Address: 3250 Harrison St. unit 101 City, State, Zip: Batesville, AR 72501
 Phone Number: 870-569-4215 Fax Number: 870-569-4214
 Email Address: MadisonMorgan1222@gmail.com Website:
 Billing Address: same as physical 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:
 Partnership
 Business Start Date: 10-20-20
 Refund Policy: 30 days 60 days Other None
 Print Refund Policy on Footer:
 Yes No
 (If yes input message in notes)
 EIN/Federal Tax ID# 852525132
 Types of Goods Sold: health care

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

Officer/Owners Name: Greg Neaville Title: M.D. / owner Social Security: 430-31-2546
 Home Address: 511 Woodmont Circle City, State, Zip Code: Batesville, AR
 Drivers License#: 923356503 Expiration Date: 01-02-26 State: AR
 DOB: 01-02-1964 Home Phone Number: 870-307-4379
 % of Business Owned: 100 % Length of Ownership: 3 years

Banking Information ** No starter checks or deposit slips accepted**
 Name of Bank: First Community Bank
 ABA Routing #: 082908573
 Account #: 0004430971

Terminal Questions (Circle your answer)
 Batch Out Time: 6:30 PM
 Communication Method: internet or Dial-phone
 Do you dial 9 for outside line? Yes No
 Terminal Type: ibuxx
 Reprogram Terminal: Yes No
 Equipment Purchase: Yes No
 Equipment Rental Program: Yes ibuxx No
 Next Day Funding: Yes No
 Tip Edit: Yes No
 EBT: Yes No FNS Number:

Estimated Sales Volume
 Estimated Annual Sales (All sales) \$250,000
 Estimated Visa/MC/Discover Sales \$3020
 Estimated Monthly Visa/MC/Discover/AMEX Sales \$390
 Average Ticket \$30.00
 High Ticket \$400.00

First two sections must equal 100% respectively
 Card Swiped: 80 % Card Keyed In: 20 % = 100%
 Card Present: 80 % Card Not Present 20 % = 100%

MOTO: % Internet: 1 %
 Traditional IBUXX SimpleBuxx PrimeBuxx

Notes:
\$29.95/month

Tax Calculation: Yes No If so tax rate: _____ %
Software or POS Integration Questions Only
 POS Software Integration: Yes No
 Software Name & Version:
 MP/AP Name: Lisa Taylor
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Neaville Internal Medicine
 Receipt Footer Message: