

**Attached Document Checklist**

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to:  
statements@impactpays.net



**Merchant Application Submission Form**

Merchant DBA Name: Pampered Paws

Business Legal Name: Pampered Paws

Physical Address: 565 W. Poplar Ave City: Collierville

State: TN Zip: 38017

Phone Number: 901 316 5909 Fax Number:

Email Address: KarenSilver3@gmail.com Website:

Billing Address: 565 West Poplar City: Collierville

State: TN Zip: 38017

**Business Type**

Corporation Business Start Date: 2013

Limited Liability

Sole Prop % of Business Owned: 100 %

Partnership Business Type:

Other

Federal Tax ID# 46-3856497

**Ownership Information**

Officer/Owners Name: Philip Benard Social Security 347 32 5105

Home Address: 6228 Hwy 72 City: Byhalia State: MS

Drivers License#: 80998469 Expiration Date: 12/13/26 State: MS

DOB 12/13/40

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required).

Name of Bank Patriot Bank

City Collierville State TN Zip 38017

ABA Routing # 084008824

Account # 8112436

**Estimated Sales Volume**

Estimated Annual Sales (All sales)	\$
Estimated Visa/MC/Discover Sales	\$ 144K
Estimated Amex Sales	\$ 500
Average Ticket	\$ 250
**Highest Ticket	\$ 250 <sup>00</sup>

12K 50<sup>00</sup>

% Card Swiped	99	%
% Card Keyed In	1	%
% Card Present	100	%
% Card Not Present	0	%
% MOTO	0	%
% Internet	0	%
% B2B	0	%
% International Cards	0	%

**Terminal Questions**

Batch Out Time: 7pm auto

Communication Method:

Dial  IP-Internet

Do you dial 9 for outside line? \_\_\_\_\_

Terminal Type \_\_\_\_\_

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name \_\_\_\_\_

Version \_\_\_\_\_

**Managing Partner**

Managing Partner Name Patricia Wight

Date Submitted \_\_\_\_\_

**Internal Use Only**

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: