


<b>Attached Required Document Checklist</b>		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check		Submitted:	email to: applications@impactpays.net			
Business Verification Document						
Copy of Drivers License						
<b>Merchant Application Submission Form</b>						
<b>Merchant (Business) DBA Name:</b>						
<b>Business Legal Name:</b>				<b>Website:</b>		
<b>Contact Name:</b>			<b>Contact Phone Number:</b>			
<b>Physical Address:</b>			<b>City, State, Zip:</b>			
<b>Email Address:</b>					<b>Phone #:</b>	
<b>Billing Address:</b>			<b>City, State, Zip:</b>			
<b>Biz Phone #:</b>		<b>Biz Fax #:</b>		<b>EIN/Tax ID #:</b>		
<b>Business Type</b>						
<b>Corporation - Pick One:</b>		<b>Corp Type:</b>		<b>Bus Open Date:</b>		
<b>Refund Policy:</b>		<b>Print Policy:</b>		(If yes input refund message)		
Types of Goods Sold:						
<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>						
<b>Officer/Owners Name:</b>			<b>Title:</b>		<b>Social Security:</b>	
<b>Home Address:</b>			<b>City, State, Zip Code:</b>			
<b>Drivers License#:</b>		<b>Exp Date:</b>		<b>State Issued:</b>		
<b>DOB:</b>		<b>Home Phone#:</b>				
<b>% of Business Owned:</b>		<b>%</b>		<b>Length of Ownership:</b>		
<b>Banking Information ** No starter checks or deposit slips accepted **</b>				<b>Terminal Questions (Circle your answer)</b>		
<b>Name of Bank</b>			<b>Batch Out Time (for nextday funding 7:00 PM):</b>			
<b>ABA Routing #</b>			<b>Communication Method:</b>			
<b>Account #</b>			<b>Do you dial 9 for outside line?</b>			
<b>Estimated Sales Volume</b>			<b>Terminal Type:</b>			
<b>Estimated Annual Sales (All sales)</b>		\$		<b>Reprogram Terminal:</b>		
<b>Estimated Visa/MC/Discover Sales</b>		\$		<b>Equipment Purchase:</b>		
<b>Estimated Monthly Visa/MC/Discover/ AMEX Sales</b>		\$		<b>Equip. Rental Program:</b>		
<b>Average Ticket</b>		\$		<b>Next Day Funding:</b>		
<b>High Ticket</b>		\$		<b>Tip Edit:</b>		
<b>First two sections must equal 100% respectively</b>				<b>EBT:</b>		<b>FNS Number:</b>
<b>Card Swiped:</b>		% <b>Card Keyed In:</b>		% = 100%		<b>Tax Calculation:</b>
<b>Card Present:</b>		% <b>Card Not Present</b>		% =100%		<b>If so tax rate:</b>
<b>MOTO:</b>				<b>Software or POS Integration Questions Only</b>		
<b>Internet:</b>		% <b>Program Type:</b>		<b>POS Software Integration:</b>		
<b>Notes:</b>				<b>Software Name &amp; Version:</b>		
				<b>MP/AP Name:</b>		
				<b>RP Name:</b>		
				<b>Pricing Provided:</b>		
<b>Receipt Header Message:</b>						
<b>Receipt Footer Message:</b>						