

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: ~~ELLIS H. ROEDER~~ ELLIS H. ROEDER
 Merchant Legal Name: Reader Fam Supply Inc.
 Physical Address: 118 S. College St City: Pontotoc
 State: MS Zip: 38863

Phone Number: _____ Fax Number: _____
 Email Address: rfp38863@aol.com Website: _____
 Billing Address: P.O. 506 City: ~~Pontotoc~~ Pontotoc
 State: ~~MS~~ MS Zip: ~~38863~~ 38863

Business Type
 Corporation
 Limited Liability
 Sole Prop
 Partnership
 Other
 State: MS Date Incorporated: 1980
 % of Business Owned: 100 %
 Federal Tax ID# 640432589 Business Start Date 1980

Ownership Information
 Officer/Owners Name: Ellis Reader Social Security 407 78 6000
 Home Address: 2359 Hwy 9 N City: Pontotoc State: MS
 Drivers License#: _____ Expiration Date: _____ State: _____
 DOB 05/27/41

Banking Information
 Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank First Choice
 City Pontotoc State MS Zip 38863
 ABA Routing # 084202073
 Account # 0120650

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$4mil
Estimated Visa/MC/Discover Sales	\$
Estimated Amex Sales	\$450
Average Ticket	\$20,000
**Highest Ticket	

% Card Swiped	98%
% Card Keyed In	0%
% Card Present	
% Card Not Present	
% MOTO	
% Internet	
% B2B	
% International Cards	

Terminal Configuration

Batch Time: _____
 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 _____
 Date Submitted _____

Internal Use Only

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