

Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to:			
Business Verification Document	<input checked="" type="checkbox"/>		applications@impactpays.net			
Copy of Drivers License	<input type="checkbox"/>					
IMPACT PAYSYSTEM						
Merchant Application Submission Form						
Merchant (Business) DBA Name: Southern Vision Eye Care						
Business Legal Name: Southern vision Eye Care			Website:			
Contact Name: Molly Tipton, O.D.		Contact Phone Number:		205-625-5520		
Physical Address: 230 1st Ave E		City, State, Zip:		Oneonta, AL 35121		
Email Address: Southernvisioneyecare@otelco.net				Phone #:		
Billing Address: 230 1st Ave E		City, State, Zip:		Oneonta, AL 35121		
Biz Phone #: 205-625-5520		Biz Fax #:		EIN/Tax ID #:		845143454
Business Type						
Corporation - Pick One: LLC		Type:		Bus Open Date: 2022		
Refund Policy: <input checked="" type="checkbox"/>		Print Policy:		(If yes input refund message)		
Types of Goods Sold: Convenience Store						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name: Dr. Molly Tipton		Title: owner		Social Security:		
Home Address: 3703 Bright Star Rd		City, State, Zip Code:		Horton, AL 35980		
Drivers License#: 8102096		Exp Date: 8-01-27		State Issued: AL		
DOB: 4-6-1992		Home Phone#:				
% of Business Owned: 100%		Length of Ownership:		2 years		
Banking Information ** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)		
Name of Bank: Hometown Bank		Batch Out Time (for nextday funding 7:00 PM): 7:00 pm				
ABA Routing #: 001538		Communication Method:				
Account #: 01622016444		Do you dial 9 for outside line? -				
Estimated Sales Volume				Terminal Type:		
Estimated Annual Sales (All sales) \$		Reprogram Terminal:				
Estimated Visa/MC/Discover Sales \$		Equipment Purchase:				
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 35,000.00		Equip. Rental Program:				
Average Ticket \$ 350.00		Next Day Funding:				
High Ticket \$ 1000.00		Tip Edit:				
First two sections must equal 100% respectively				EBT: FNS Number:		
Card Swiped: 99%		Card Keyed In: 1%		Tax Calculation: If so tax rate:		
Card Present: %		Card Not Present: % =100%		Software or POS Integration Questions Only		
MOTO: %		Internet: %		POS Software Integration:		
Program Type:		Software Name & Version:				
Notes: TRADITIONAL		MP/AP Name:		Holley Shirley		
		RP Name:		Jennifer Slight		
		Pricing Provided:				
Receipt Header Message:						
Receipt Footer Message:						