

<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>				

Version: 005

## Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: Joe's Pizza of Greenville INC.Contact Name: BRIAN WARDContact Phone Number: 217-994-1673Physical Address: 106 N 2<sup>ND</sup> STCity, State, Zip: GREENVILLE, IL 62246Phone Number: 618-664-3344

Fax Number:

Email Address: joes.pizzagreenville@yahoo.com Website:Billing Address: 2098 N 2150 STCity: SAINT ELMOState: ILZip: 62458

## Business Type

Corporation - circle one: Private or PublicBusiness Start Date: 4-16-2012LLC - circle one: C corp S corp P partner D disregarded entityRefund Policy: 30 days 60 days Other None

Sole Prop Other:

EIN/Federal Tax ID# 45 5139260

Print Refund Policy on Footer:

Yes No

(If yes input message in notes)

Partnership

Types of Goods Sold: FOOD

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

Officer/Owners Name: BRIAN WARDTitle: PRESIDENT Social Security: 344-72-7803Home Address: 421 W 4th StCity, State, Zip Code: St Elmo IL 62458Drivers License#: W630-0798-3134Expiration Date: 5-10-25 State: ILDOB: 5-10-1983Home Phone Number: NA% of Business Owned: 25 %Length of Ownership: 10 years

Banking Information \*\* No starter checks or deposit slips accepted\*\*

Terminal Questions (Circle your answer)

Name of Bank The Bradford National BankBatch Out Time: 11:00 PMABA Routing # 081905014Communication Method: IP-internet or Dial-phoneAccount # 10 24949Do you dial 9 for outside line? Yes No

## Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)

\$ 950,000

Reprogram Terminal: Yes No

Estimated Visa/MC/Discover Sales

\$ 800,000

Equipment Purchase: Yes No

Estimated Monthly Visa/MC/Discover/ AMEX Sales

\$ 65,000

Equipment Rental Program: Yes No

Average Ticket

\$ 30

Next Day Funding: Yes No

High Ticket

\$ 200

Tip Edit: Yes No

First two sections must equal 100% respectively

EBT: Yes No FNS Number:Card Swiped: 95 % Card Keyed In: 5 % = 100%

Tax Calculation: Yes No If so tax rate: \_\_\_\_\_ %

Card Present: 95 % Card Not Present 5 % = 100%

## Software or POS Integration Questions Only

MOTO: % Internet: %

POS Software Integration: Yes No

Traditional IBUXX SimpleBuxx PrimeBuxx

Software Name &amp; Version:

Notes:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:



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**Merchant Application Submission Form**

Merchant (Business) DBA Name: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Type**

Corporation - circle one: Private or Public      Business Start Date: \_\_\_\_\_

LLC - circle one: C corp   S corp   P partner   D disregarded entity      Refund Policy: 30 days   60 days   Other   None

Sole Prop      Other: \_\_\_\_\_      EIN/Federal Tax ID# \_\_\_\_\_      Print Refund Policy on Footer: Yes No

Partnership      Types of Goods Sold: \_\_\_\_\_      (If yes input message in notes)

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

Officer/Owners Name: RUSSELL GILBERT      Title: VICE PRESIDENT      Social Security: 360-50-1065

Home Address: 2098 N 2150 ST.      City, State, Zip Code: SAINT ELMO, IL 62458

Drivers License#: G416-7395-8053      Expiration Date: 02/22/2025      State: IL

DOB: 02/22/1958      Home Phone Number: 618-829-3670


% of Business Owned: \_\_\_\_\_%      Length of Ownership: 10 YEARS

Banking Information <b>** No starter checks or deposit slips accepted**</b>	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time:
ABA Routing #	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line?    Yes    No
<b>Estimated Sales Volume</b>	Terminal Type:
Estimated Annual Sales (All sales)      \$	Reprogram Terminal:      Yes      No
Estimated Visa/MC/Discover Sales      \$	Equipment Purchase:      Yes      No
Estimated Monthly Visa/MC/Discover/ AMEX Sales      \$	Equipment Rental Program:      Yes      No
Average Ticket      \$	Next Day Funding:      Yes      No
High Ticket      \$	Tip Edit:      Yes      No
<b>First two sections must equal 100% respectively</b>	EFT: Yes    No    FNS Number: _____
Card Swiped:      %    Card Keyed In:      %    = 100%	Tax Calculation: Yes    No    If so tax rate: _____%
Card Present:      %    Card Not Present      %    = 100%	<b>Software or POS Integration Questions Only</b>
MOTO:      %    Internet:      %	POS Software Integration:      Yes      No
Traditional    IBUXX    SimpleBuxx    PrimeBuxx	Software Name & Version: _____
Notes:	MP/AP Name: _____
	RP Name: _____
	Pricing Provided: Statement Analysis    or    Quote

Receipt Header Message: \_\_\_\_\_

Receipt Footer Message: \_\_\_\_\_



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**Merchant Application Submission Form**

Merchant (Business) DBA Name:

Business Legal Name:

Contact Name: Contact Phone Number:

Physical Address: City, State, Zip:

Phone Number: Fax Number:

Email Address: Website:

Billing Address: City:

State: Zip:

**Business Type**

Corporation - circle one: Private or Public Business Start Date:

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None

Sole Prop Other: EIN/Federal Tax ID# Print Refund Policy on Footer: Yes No

Partnership Types of Goods Sold: (If yes input message in notes)

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

Officer/Owners Name: LINDSAY WARD Title: Secretary Social Security: 423-27-8710

Home Address: 421 W 4th City, State, Zip Code: St Elmo IL 62458

Drivers License#: w630-5308-5779 Expiration Date: 6-24-2023 State: IL

DOB: 6-24-1985 Home Phone Number:

% of Business Owned: 25 % Length of Ownership: 10 years

**Banking Information \*\* No starter checks or deposit slips accepted\*\***

**Terminal Questions (Circle your answer)**

Name of Bank	Batch Out Time:
ABA Routing #	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
<b>Estimated Sales Volume</b>	<b>Terminal Type:</b>
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: Yes No
High Ticket \$	Tip Edit: Yes No

**First two sections must equal 100% respectively**

Card Swiped: % Card Keyed In: % = 100%	EBT: Yes No FNS Number:
Card Present: % Card Not Present % = 100%	Tax Calculation: Yes No If so tax rate: _____%
MOTO: % Internet: %	<b>Software or POS Integration Questions Only</b>
Traditional IBUXX SimpleBuxx PrimeBuxx	POS Software Integration: Yes No
	Software Name & Version:

Notes:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

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