


Attached Required Document Checklist	Date Submitted:	Fax to: 901-692-9499	
Voided Check <input type="checkbox"/>		email to:	
Business Verification Document <input type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License <input type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: Christy's Auto Mobile Glass LLC

Contact Name: Christy Morales **Contact Phone Number:**

Physical Address: ~~5505 Be...~~ City, State, Zip: ~~...~~ 95 Wildflower Somerville TN 38068

Phone Number: 901-438-8990 **Fax Number:**

Email Address: automobileglassapho.com **Website:**

Billing Address: PO. Box 906 **City:** Somerville

State: TN **Zip:** 38068

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Business Start Date: 18 yrs

Refund Policy: 30 days 60 days Other None

Sole Prop **Other:**

Partnership

EIN/Federal Tax ID# 45239428 **Print Refund Policy on Footer:**

Types of Goods Sold: Auto glass **(If yes input message in notes)**

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

Officer/Owners Name: Christy Morales **Title:** owner **Social Security:** 411 41 9296

Home Address: 95 Wildflower Dr **City, State, Zip Code:** Somerville TN 38068

Drivers License#: 687870464 **Expiration Date:** 9/12/26 **State:** TN

DOB: 9/10/78 **Home Phone Number:** 901-438-8990

% of Business Owned: 100 % **Length of Ownership:** 18 yrs

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: Regions	Batch Out Time: 7pm
ABA Routing #: 064000017	Communication Method: IP-internet or Dial-phone
Account #: 0287940566	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type: Dongle
Estimated Annual Sales (All sales): \$1mill	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales: \$800K	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales: \$	Equipment Rental Program: Yes No
Average Ticket: \$250	Next Day Funding: <u>Yes</u> No
High Ticket: \$3000	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: 75 % Card Keyed In: 25 % = 100%	Tax Calculation: Yes No If so tax rate: %
Card Present: 75 % Card Not Present: 25 % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional <u>IBUXX</u> SimpleBuXX PrimeBuXX	Software Name & Version:
Notes: 3.5% Swipe Simple w/ Dongle	MP/AP Name: Tricia Wright
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: