


Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>		email to:	
Business Verification Document	<input checked="" type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License	<input type="checkbox"/>			
Merchant Application Submission Form				
Merchant (Business) DBA Name:				
Business Legal Name: Chiropractic Memphis				
Contact Name:		Contact Phone Number:		Website:
Physical Address: 3169 Professional Plaza Dr.			City, State, Zip: Germanatown TN 38138	
Email Address:		Phone #:		
Billing Address:			City, State, Zip:	
Biz Phone #:		Biz Fax #:		EIN/Tax ID #: 113803810
Business Type				
Corporation - Pick One:		Type:	Bus Open Date:	
Refund Policy:		Print Policy:		(If yes input refund message)
Types of Goods Sold: Chiropractor				
Convenience Store				
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: David Keienberger		Title: owner	Social Security: 479824838	
Home Address: 3014 Wetherby CVN		City, State, Zip Code: Germanatown TN 38139		
Drivers License#: 093446201		Exp Date: 03/29/2026	State Issued: TN	
DOB: 3/29/1973		Home Phone#: 901 841 1212		
% of Business Owned: 100%		Length of Ownership:		
Banking Information ** No starter checks or deposit slips accepted**				
Name of Bank: TRUST		Batch Out Time (for nextday funding 7:00 PM):		
ABA Routing #: 064208165		Communication Method: .		
Account #: 1430002644795		Do you dial 9 for outside line? .		
Estimated Sales Volume				
Estimated Annual Sales (All sales): 500000		Terminal Type: V910Y needed		
Estimated Visa/MC/Discover Sales \$		Reprogram Terminal:		
Estimated Monthly Visa/MC/Discover / AMEX Sales \$		Equipment Purchase:		
Average Ticket \$		Equip. Rental Program:		
High Ticket \$		Next Day Funding:		
Tip Edit:		EFT:		
FNS Number:		Tax Calculation:		
Card Swiped: % Card Keyed In: % = 100% ⁰		If so tax rate:		
Card Present: % Card Not Present % = 100% ⁰		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration:		
Program Type:		Software Name & Version:		
Notes:		MP/AP Name:		
		RP Name:		
		Pricing Provided:		
Receipt Header Message:				
Receipt Footer Message:				