


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	 Version: 005
Voided Check <input type="checkbox"/>	Business Verification Document <input type="checkbox"/>		email to:	
Copy of Drivers License <input type="checkbox"/>			applications@impactpays.net	
Merchant Application Submission Form				
Merchant (Business) DBA Name: <u>Joe's Pizza & Pasta of Columbia</u>				
Business Legal Name: <u>Joeys Pizza & Pasta of Columbia</u>				
Contact Name: <u>Scott Harper</u>		Contact Phone Number: <u>618-410-1065</u>		
Physical Address: <u>117 N Main St</u>		City, State, Zip: <u>Columbia IL 62236</u>		
Phone Number: <u>618-281-7330</u>		Fax Number: _____		
Email Address: <u>joes.pizza.columbia@gmail.com</u>		Website: <u>www.orderjoes.com</u>		
Billing Address: <u>117 N Main St</u>				City: <u>Columbia</u>
State: <u>IL</u>		Zip: <u>62236</u>		
Business Type				
Corporation - circle one: Private or Public		Business Start Date: <u>12-3-14</u>		
LLC - circle one: C corp <input type="checkbox"/> S corp <input checked="" type="checkbox"/> P partner <input type="checkbox"/> D disregarded entity <input type="checkbox"/>		Refund Policy: 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other <u>(None)</u>		
Sole Prop <input type="checkbox"/> Other: _____		EIN/Federal Tax ID# <u>47-1671952</u>	Print Refund Policy on Footer: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Partnership <input type="checkbox"/>		Types of Goods Sold: <u>food</u>	(If yes input message in notes)	
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: <u>Scott Harper</u>		Title: <u>Owner</u>	Social Security: <u>353-78-5006</u>	
Home Address: <u>503 Rebecca Dr</u>		City, State, Zip Code: <u>O'Fallon IL 62269</u>		
Drivers License#: <u>H616-7937-8278</u>		Expiration Date: <u>9-30-2024</u>		State: <u>IL</u>
DOB: <u>9-30-1978</u>		Home Phone Number: _____		
% of Business Owned: <u>100</u> %		Length of Ownership: <u>9 years</u>		
Banking Information ** No starter checks or deposit slips accepted **		Terminal Questions (Circle your answer)		
Name of Bank <u>Regions Bank</u>		Batch Out Time: _____		
ABA Routing # <u>071122661</u>		Communication Method: IP-internet or Dial-phone		
Account # <u>0175506203</u>		Do you dial 9 for outside line? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Estimated Sales Volume		Terminal Type:		
Estimated Annual Sales (All sales) <u>\$600,000</u>		Reprogram Terminal: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Estimated Visa/MC/Discover Sales <u>\$525,000</u>		Equipment Purchase: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$40,000</u>		Equipment Rental Program: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Average Ticket <u>\$35.00</u>		Next Day Funding: Yes <input type="checkbox"/> No <input type="checkbox"/>		
High Ticket <u>\$1000.00</u>		Tip Edit: Yes <input type="checkbox"/> No <input type="checkbox"/>		
First two sections must equal 100% respectively		EBT: Yes <input type="checkbox"/> No <input type="checkbox"/> FNS Number: _____		
Card Swiped: <u>80</u> % Card Keyed In: <u>20</u> % = 100%		Tax Calculation: Yes <input type="checkbox"/> No <input type="checkbox"/> If so tax rate: <u>7.5</u> %		
Card Present: <u>80</u> % Card Not Present <u>20</u> % = 100%		Software or POS Integration Questions Only		
MOTO: _____ % Internet: _____ %		POS Software Integration: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Traditional <input type="checkbox"/> IBUXX <input type="checkbox"/> SimpleBuxx <input type="checkbox"/> PrimeBuxx <input type="checkbox"/>		Software Name & Version: _____		
Notes:		MP/AP Name: _____		
		RP Name: _____		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				