


Attached Required Document Checklist	Date	Fax to : 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Submitted:	email to:	
Business Verification Document <input checked="" type="checkbox"/>	9-7-22	applications@impactpays.net	
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Coleman Taylor Transmission

Business Legal Name: Coleman Taylor Germantown Inc

Contact Name: Chris Contact Phone Number: _____

Physical Address: 7981 Fischer Street City, State, Zip: Cordova TN 38018

Phone Number: 901-754 2832 Fax Number: _____

Email Address: Colemantaylorfs@gmail.com Website: _____

Billing Address: Same City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other: _____

Partnership

EIN/Federal Tax ID# 62-1272742

Types of Goods Sold: Trans Repair

Business Start Date: 1991

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No

(If yes input message in notes)

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

Officer/Owners Name: on file Title: _____ Social Security: on file

Home Address: _____ City, State, Zip Code: _____

Drivers License#: _____ Expiration Date: _____ State: _____

DOB: _____ Home Phone Number: _____

% of Business Owned: _____ % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank <u>First Horizon</u>	Batch Out Time: <u>7pm</u>
ABA Routing # <u>084000026</u>	Communication Method: <u>IP-internet</u> or Dial-phone
Account # <u>010903922</u>	Do you dial 9 for outside line? Yes <u>No</u>
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$ _____	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales <u>\$1.25mil</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$110K</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$3K</u>	Next Day Funding: Yes No
High Ticket <u>\$10K</u>	Tip Edit: Yes <u>No</u>
First two sections must equal 100% respectively	EBT: Yes <u>No</u> FNS Number: _____

Card Swiped: 95 % Card Keyed In: 5 % = 100% 100

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

MOTO: _____ % Internet: _____ %

Traditional IBUXX SimpleBuxx PrimeBuxx

Notes: _____

MP/AP Name: Tricia

RP Name: _____

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____