

Attached Required Document Checklist
 Voided Check
 Copy of Drivers License
 Managing Partner Name:
 Date Submitted: 8-27-20

Fax to : 901-692-9499
 email to:
 applications@impactpays.net



Merchant Application Submission Form

Merchant (Business) DBA Name: Imboden RV

Business Legal Name:

Contact Name: Christy Boothe Contact Phone Number: 870-869-2266

Physical Address: 510 East 3rd Street City, State, Zip: Imboden, AR 72434

Phone Number: 870-869-2266 Fax Number: 870-869-1966

Email Address: dennydurham40@gmail.com Website:

Billing Address: PO Box 537 City: Imboden

State: AR Zip: 72434

Business Type

- Corporation - circle one: Private or Public
- LLC - circle one: C corp S corp P partner D disregarded entity
- Sole Prop Other:
- Partnership

Business Start Date: 3-2-89

Federal Tax ID# 47-1414389 Refund Policy? Yes or No

Types of Goods Sold: RV'S & RV Parts & Repair

Ownership Information (Must be 51% or more)

Officer/Owners Name: Christy Boothe Title: Social Security: 430-55-7453

Home Address: 2147 Hwy 116 City, State, Zip Code: Imboden

Drivers License#: 911081045 Expiration Date: 5-15-25 State: AR

DOB: 5-15-28 1969 Home Phone Number: 870-679-0348 - cell

% of Business Owned: 100 % Length of Ownership: 31 years

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank: Citizens Bank

ABA Routing #: 003157

Account #: 082907736

Estimated Sales Volume

Estimated Annual Sales (All sales) \$ 48,500
 Estimated Visa/MC/Discover Sales \$ 40,000
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 4,000
 Average Ticket \$ 200.00
 High Ticket \$ 600.00

First two sections must equal 100% respectively

Card Swiped: 0 % Card Keyed In: 100 % = 100%

Card Present: 98 % Card Not Present 2 % = 100%

MOTO: % Internet: %

Notes: IBUX Nov - Feb shut off service

Terminal Questions

- Batch Out Time: 7 PM
- Communication Method: IP-internet or Dial-phone
- Do you dial 9 for outside line? Yes - No
- Terminal Type: _____
- Pin Pad Type: _____
- Reprogram Terminal: Yes - No
- Equipment Purchase: Yes - No
- Equipment Rental Program: Yes - No
- PIN Debit Pin Pad: Yes - No
- POS Software Integration: Yes - No
- Software Name & Version: _____
- Next Day Funding: Yes - No
- Tip Edit: Yes - No