


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version 007.16	
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net			
Business Verification Document	<input type="checkbox"/>					
Copy of Drivers License	<input type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:	Elaine Tire Shop					
Business Legal Name:	Gregory Faulkner	Website:				
Contact Name:	Greg or Donna Faulkner	Contact Phone Number:		870-714-0649		
Physical Address:	103 Nelson Ave	City, State, Zip:		Elaine, AR 72333		
Email Address:	barnbrat110561@hotmail.com	Phone #:		870-714-0650		
Billing Address:	PO Box 551	City, State, Zip:		Elaine, AR 72333		
Biz Phone #:	870-827-3044	Biz Fax #:		EIN/Tax ID #:	76-0728454	
Business Type						
Corporation - Pick One:		Type:	Sole Prop	Bus Open Date:	03/03/2003	
Refund Policy:		Print Policy:		(If yes input refund message)		
Types of Goods Sold:						
Tire shop and auto maintenance						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:	Gregory Faulkner	Title:	Owner	Social Security:	432-25-0028	
Home Address:	25 Phillips 500 Road	City, State, Zip Code:		Elaine, AR 72333		
Drivers License#:	927093957	Exp Date:	04/18/2027	State Issued:	AR	
DOB:	04/18/1964	Home Phone#:	870 714 0650			
% of Business Owned:	100 %	Length of Ownership:	20 years			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)			
Name of Bank	SEE VOIDED CHECK	Batch Out Time (for nextday funding 7:00 PM): 7:00pm				
ABA Routing #		Communication Method: .				
Account #		Do you dial 9 for outside line? .				
Estimated Sales Volume		Terminal Type: Valor 100 & VT				
Estimated Annual Sales (All sales)	\$	Reprogram Terminal: .				
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase: .				
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 3500.00	Equip. Rental Program: Yes				
Average Ticket	\$ 500.00	Next Day Funding: Yes				
High Ticket	\$ 2000.00	Tip Edit: No				
First two sections must equal 100% respectively		EBT:		FNS Number:		
Card Swiped: 95 %	Card Keyed In: 5 %	Tax Calculation:		If so tax rate:		
		Software or POS Integration Questions Only				
MOTO: %	Internet: %	POS Software Integration:				
Program Type: iBuxx		Software Name & Version:				
Notes: Valor 100 terminal and Virtual terminal - \$24.95/month IBUXX 3.95%		MP/AP Name:				
		RP Name:				
		Pricing Provided:				
Receipt Header Message: Elaine Tire Shop						
Receipt Footer Message: Thank You Come Again						