

<b>Attached Required Document Checklist</b>	Date Submitted: 10/24/23	Fax to: 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>		email to: applications@impactpays.net	
Business Verification Document <input checked="" type="checkbox"/>			
Copy of Drivers License <input checked="" type="checkbox"/>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name: River Bottom Forge

Business Legal Name: Same

Contact Name: Adam Fahr Contact Phone Number: 870-215-2016

Physical Address: 1081 Greene Rd City, State, Zip: Paragould Ark 72450

Phone Number: 870-215-2016 Fax Number: \_\_\_\_\_

Email Address: riverbottomforge@yahoo.com Website: FB Page

Billing Address: Same City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Type**

Corporation - circle one: Private or Public

Business Start Date: 2016

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

Refund Policy: 30 days 60 days Other (None)

(Sole Prop) Other: \_\_\_\_\_ Partnership

EIN/Federal Tax ID# n/a Print Refund Policy on Footer: Yes (No)

Types of Goods Sold: Farrier Supplies (if yes input message in notes)

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

Officer/Owners Name: Adam Fahr Title: owner Social Security: 431 67 0743

Home Address: 1081 Greene Rd City, State, Zip Code: \_\_\_\_\_

Drivers License#: 914847880 Expiration Date: 10/19/27 State: Ark

DOB: 10/19/79 Home Phone Number: 870-215-2016

% of Business Owned: 100 % Length of Ownership: \_\_\_\_\_

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: <u>First National Bank</u>	Batch Out Time: <u>6pm</u>
ABA Routing #: <u>1584100793</u>	Communication Method: IP-internet or Dial-phone <u>cellular</u>
Account #: <u>2258471</u>	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type: <u>Dongle</u>
Estimated Annual Sales (All sales): <u>\$200K</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales: <u>\$50K</u>	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales: <u>\$4K</u>	Equipment Rental Program: Yes No
Average Ticket: <u>\$400</u>	Next Day Funding: <u>Yes</u> No
High Ticket: <u>\$1500</u>	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: _____	% Card Keyed In: _____	% = 100%
Card Present: _____	% Card Not Present: _____	% = 100%

MOTO: % Internet: %

Traditional (1BUXX) SimpleBuXX PrimeBuXX

Software or POS Integration Questions Only

POS Software Integration: Yes (No)

Software Name & Version: \_\_\_\_\_

Notes: Swipe Simple Dongle - delivered on 10/25/23 by Dee

MP/AP Name: Tricia Wright

RP Name: \_\_\_\_\_

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: \_\_\_\_\_

Receipt Footer Message: \_\_\_\_\_

He has never taken cards- I expect volume to increase once customers are in here.