

**Attached Required Document Checklist**

Voided Check   
 Business Verification Document   
 Copy of Drivers License

Date Submitted: **12-22-23**  
 Fax to: 901-692-9499  
 email to: **applications@impactpays.net**



Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: **ROC'S Blackfront**  
 Business Legal Name: **Blackfront, Inc.**  
 Contact Name: **TAMMY BELL** Contact Phone Number: **217-549-7241**  
 Physical Address: **410 6th ST** City, State, Zip: **Charleston, IL 61920**  
 Phone Number: **217-343-2048** Fax Number: \_\_\_\_\_  
 Email Address: **Bellydog70@yahoo.com** Website: \_\_\_\_\_  
 Billing Address: **410 6th ST** City: **Charleston**  
 State: **ILLINOIS** Zip: **61920**

**Business Type**

Corporation - circle one:  Private or Public  
 Business Start Date: **Aug. 4th, 2023**  
 LLC - circle one: C corp  S corp  partner  D disregarded entity  
 Refund Policy: 30 days  60 days  Other  None  
 Sole Prop  Other: \_\_\_\_\_  
 Partnership  EIN/Federal Tax ID#: **97-1351288** Print Refund Policy on Footer: Yes  No   
 Types of Goods Sold: **Bar/Restaurant** (If yes input message in notes)

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

Officer/Owners Name: **TAMMY BELL** Title: **OWNER** Social Security: **950-82-6111**  
 Home Address: **2900 Woodhall Dr** City, State, Zip Code: **Charleston, IL 61920**  
 Drivers License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: **IL**  
 DOB: **8/9/75** Home Phone Number: **217-549-7241**  
 % of Business Owned: **51** % Length of Ownership: **4 Months**

**Banking Information \*\* No starter checks or deposit slips accepted\*\***

**Terminal Questions (Circle your answer)**

Name of Bank: **1st Fed of Central IL** Batch Out Time: **6:30 EST AM**  
 ABA Routing #: **271173368** Communication Method:  IP internet or  Dial phone  
 Account #: **3813294794** Do you dial 9 for outside line? Yes  No   
 Estimated Sales Volume Terminal Type: \_\_\_\_\_  
 Estimated Annual Sales (All sales) \$ **500K** Reprogram Terminal: Yes  No   
 Estimated Visa/MC/Discover Sales \$ **37.5K** Equipment Purchase: Yes  No   
 Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ **31.5K** Equipment Rental Program:  Yes  No  
 Average Ticket \$ **45** Next Day Funding: Yes  No   
 High Ticket \$ **250.00** Tip Edit: Yes  No

First two sections must equal 100% respectively

EBT: Yes  No  FNS Number: \_\_\_\_\_  
 Tax Calculation: Yes  No  If so tax rate: \_\_\_\_\_ %

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

**Software or POS Integration Questions Only**

MOTO:  % Internet:  %  
 Traditional  IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes  No   
 Software Name & Version: **Will Be Door Dash**

**Notes:**

MP/AP Name: **Tony Kepp**  
 RP Name: **Neil Lvalten**  
 Pricing Provided: Statement Analysis or Quote

*will eventually be Door Dash*

Receipt Header Message:

Receipt Footer Message: **Thank you for your business**