

**Attached Required Document Checklist**

Voided Check

Business Verification Document

Copy of Drivers License

Date Submitted: 2/25/22

Fax to : 901-692-9499

email to: applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: Pearson Animal Clinic

Business Legal Name: Pearson Animal Clinic, LLC

Contact Name: Meghan Barker Contact Phone Number: 479-968-3535

Physical Address: 2600 S. Arkansas Ave. City, State, Zip: Russellville, AR 72802

Phone Number: 479-968-3535 Fax Number: 479-968-1248

Email Address: Pearsonanimalclinic@gmail.com Website: Pearsonanimalclinic.com

Billing Address: 2600 S. Arkansas Ave. City: Russellville

State: AR Zip: 72802

**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: Jan. 1st, 2020

Refund Policy: 30 days 60 days Other (None)

EIN/Federal Tax ID# 843703307

Types of Goods Sold: Veterinary Services

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: Jessica Pearson Title: DVM Social Security: 429-79-4296

Home Address: 8930 SR 333 City, State, Zip Code: London, AR 72847

Drivers License#: 910633931 Expiration Date: 05-07-2024 State: AR

DOB: 05-07-1986 Home Phone Number: 479-264-7431

% of Business Owned: 100 % Length of Ownership: Since started in 2020

Banking Information <small>** No starter checks or deposit slips accepted **</small>	Terminal Questions (Circle your answer)
Name of Bank: <u>Centennial Bank</u>	Batch Out Time: <u>8:00 pm Central Time</u>
ABA Routing #: <u>082902757</u>	Communication Method: <u>IP-internet</u> Or Dial-phone
Account #: <u>503342339</u>	Do you dial 9 for outside line? Yes <input type="checkbox"/> <u>No</u>

Estimated Sales Volume		Terminal Type: <u>Smart Terminal</u>	
Estimated Annual Sales (All sales)	<u>\$ 858,944</u>	Reprogram Terminal:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Visa/MC/Discover Sales	<u>\$ 480,000</u>	Equipment Purchase:	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$ 40,000</u>	Equipment Rental Program:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Average Ticket	<u>\$ 102.00</u>	Next Day Funding:	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
High Ticket	<u>\$ 650.00</u>	Tip Edit:	Yes <input type="checkbox"/> <u>No</u> <input type="checkbox"/>

**First two sections must equal 100% respectively**

Card Swiped: 75 % Card Keyed In: 25 % = 100%

Card Present: 80 % Card Not Present 20 % = 100%

EBT: Yes  No FNS Number: \_\_\_\_\_

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

**Software or POS Integration Questions Only**

MOTO: \_\_\_\_\_ % Internet: 100 %

POS Software Integration: Yes  No

Traditional IBUXX SimpleBuxx PrimeBuxx

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

Notes: VETBUXX

MP/AP Name: Lisa Taylor

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

Pricing Provided: Statement Analysis or Quote

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

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