

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: **8-24-23**
 Fax to: 901-692-9499
 email to: **applications@impactpays.net**



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name:
Business Legal Name: *Mid South Faw Box*
Contact Name: *Jenny McElhaneu* **Contact Phone Number:** *901 651 2239*
Physical Address: *2602 Faw Ave* **City, State, Zip:** *mphs TN 38112*
Phone Number: *901 471-9238* **Fax Number:**
Email Address: *Jenny.E@Fawbox.com* **Website:**
Billing Address: *2602 SAME* **City:**
State: **Zip:**

Business Type

Corporation - circle one: Private or Public
LLC circle one: C corp S corp P partner D disregarded entity
Business Start Date: *4-1-23*
Refund Policy: 30 days 60 days Other None
 Sole Prop Other: Partnership
EIN/Federal Tax ID# **Print Refund Policy on Footer:**
 Yes No
Types of Goods Sold: (If yes input message in notes)

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

Officer/Owners Name: *Jenny McElhaneu* **Title:** *Owner* **Social Security:** *415-45-1358*
Home Address: *149 Monterey Mills Cove* **City, State, Zip Code:** *Collierville TN 38017*
Drivers License#: *094236584* **Expiration Date:** *7-17-27* **State:** *TN*
DOB: *7-18-84* **Home Phone Number:** *901-651-2239*
% 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: *Fawbox* **Batch Out Time:** *8:00pm*
ABA Routing # **Communication Method:** IP-internet or Dial-phone
Account # **Do you dial 9 for outside line?** Yes No
Estimated Sales Volume **Terminal Type:**
Estimated Annual Sales (All sales) *See Emily* \$ **Reprogram Terminal:** Yes No
Estimated Visa/MC/Discover Sales *Emily* \$ **Equipment Purchase:** Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ **Equipment Rental Program:** Yes No
Average Ticket \$ **Next Day Funding:** Yes No
High Ticket \$ **Tip Edit:** Yes No

First two sections must equal 100% respectively

Card Swiped: *See Emily* % **Card Keyed In:** % = 100%
Card Present: % **Card Not Present:** % = 100%
Tax Calculation: Yes No **If so tax rate:** _____ %

MOTO: % **Internet:** %
Traditional **IBUXX** **SimpleBuxx** **PrimeBuxx**
Software or POS Integration Questions Only
POS Software Integration: Yes No

Notes:
MP/AP Name: *Copeland*
RP Name:
Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
Receipt Footer Message:

Please add Kyle McElhane (Jenny's husband) as an authorized person who can make changes to the account & get any data that he may need.