

**Attached Required Document Checklist**  
 Voided Check   
 Business Verification Document   
 Copy of Drivers License

Date Submitted: \_\_\_\_\_ Fax to : 901-692-9499  
 email to: applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: Blue Sky # 709  
 Business Legal Name: Blue Sky, Inc  
 Contact Name: Dwayne Temple Contact Phone Number: \_\_\_\_\_  
 Physical Address: 7030 Hwy 72 E City, State, Zip: Walnut, MS 38683  
 Phone Number: 601-684-5641 Fax Number: \_\_\_\_\_  
 Email Address: dtemple@craddockoil.com Website: Blueskyestores.com  
 Billing Address: P.O. Box 1578 City: Grenada  
 State: MS Zip: 38901

**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: 2002  
 Refund Policy: 30 days 60 days Other None  
 EIN/Federal Tax ID# 64-0632671 Print Refund Policy on Footer: Yes No  
 Types of Goods Sold: Conv. Retail (If yes input message in notes)

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

Officer/Owners Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: 425-35-2642  
 Home Address: See DL City, State, Zip Code: \_\_\_\_\_  
 Drivers License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 % of Business Owned: 51 % Length of Ownership: \_\_\_\_\_

Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank		Batch Out Time:	
ABA Routing #	<u>See ck voided</u>	Communication Method: <u>IP-internet</u> or Dial-phone	
Account #		Do you dial 9 for outside line? Yes No	
<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>	
Estimated Annual Sales (All sales)	\$ _____	Reprogram Terminal:	Yes No
Estimated Visa/MC/Discover Sales	\$ _____	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ _____	Equipment Rental Program:	Yes No
Average Ticket	\$ _____	Next Day Funding:	<u>Yes</u> No
High Ticket	\$ _____	Tip Edit:	Yes No
First two sections must equal 100% respectively		EBT: Yes No FNS Number: _____	
Card Swiped: % Card Keyed In: % = 100%		Tax Calculation: Yes No If so tax rate: _____ %	
Card Present: % Card Not Present % = 100%		<b>Software or POS Integration Questions Only</b>	
MOTO: % Internet: %		POS Software Integration:	Yes No
<u>Traditional</u> IBUX SimpleBux PrimeBux		Software Name & Version:	
Notes: <u>Same as other Craddock Oil Blue Sky stores</u>		MP/AP Name: <u>Molli Swiderski</u>	
		RP Name: <u>Craddock Oil / David Craddock</u>	
		Pricing Provided: Statement Analysis or Quote	

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