

Attached Required Document Checklist

Voided Check
Business Verification Document
Copy of Drivers License

Date Submitted: 8/29/23

Fax to : 901-692-9499
email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Mike Tinsley Realty, Inc
Business Legal Name: same
Contact Name: Candy Sanderson Contact Phone Number: 601 656 2331
Physical Address: 214 East Hospital Rd City, State, Zip: Philadelphia, MS 39350
Phone Number: same Fax Number: 601 656 2367
Email Address: Candie.Sanderson@ Website: miketensleyrealty.com
Billing Address: 214 East Hospital Rd City:
State: Philadelphia, MS Zip: 39350

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: March 1983
Refund Policy: 30 days 60 days Other None
EIN/Federal Tax ID# 72-1365644
Types of Goods Sold: Real Estate & Appraisal
Print Refund Policy on Footer: Yes No
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: 428-08-5097
Home Address: see DL City, State, Zip Code:
Drivers License#: Expiration Date: State:
DOB: Home Phone Number:
% of Business Owned: 100 % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted** Terminal Questions (Circle your answer)
Name of Bank Batch Out Time: 6 pm
ABA Routing # see void checks Communication Method: IP-internet or Dial-phone
Account # 1 for deposit & 1 for debit of fees Do you dial 9 for outside line? Yes No
Estimated Sales Volume Terminal Type:
Estimated Annual Sales (All sales) \$180,000.00 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 \$1,000.00 Next Day Funding: Yes No
High Ticket \$10,000.00 Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 95 % Card Keyed In: 5 % = 100% Tax Calculation: Yes No If so tax rate: %
Card Present: 95 % Card Not Present 5 % = 100% Software or POS Integration Questions Only
MOTO: % Internet: % POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx Software Name & Version:

Notes: Valor 100
24.95 w/dashboards &
Pioneer
MP/AP Name:
RP Name:
Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
Receipt Footer Message: