

Attached Required Document Checklist

Voided Check	<input type="checkbox"/>
Business Verification Document	<input checked="" type="checkbox"/>
Copy of Drivers License	<input checked="" type="checkbox"/>

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



Version:007.16

Merchant Application Submission Form

Merchant (Business) DBA Name: Maureen's Bookkeeping Services, LLC

Business Legal Name: Maureen's Bookkeeping Services, LLC Website: _____

Contact Name: Maureen Grella Mipako Contact Phone Number: 301-250-0893

Physical Address: 18974 Bonanza Way City, State, Zip: Gaithersburg, MD 20879

Email Address: support@maureensbookkeeping.com Phone #: 301-250-0893

Billing Address: 18974 Bonanza Way City, State, Zip: Gaithersburg, MD 20879

Biz Phone #: 301-250-0893 Biz Fax #: _____ EIN/Tax ID #: _____

Business Type

Corporation - Pick One: Private Type: LLC Bus Open Date: 5-6-22

Refund Policy: yes Print Policy: yes (If yes input refund message)

Types of Goods Sold: Merchant provides firms with Bookkeeping services.

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

Officer/Owners Name: Maureen Grella-Mipako Title: owner Social Security: 213-73-2306

Home Address: 20403 Apple Harvest Cir #K City, State, Zip Code: Germentown, MD 20876

Drivers License#: MD-10274945974 Exp Date: 8-7-29 State Issued: MD

DOB: 8-7-88 Home Phone#: 301-250-0893

% of Business Owned: 100 % Length of Ownership: 2 yrs

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

Terminal Questions (Circle your answer)

Name of Bank: Wells Fargo Batch Out Time (for nextday funding 7:00 PM): 7pm

ABA Routing #: 055003201 Communication Method: gateway

Account #: 8257940778 Do you dial 9 for outside line? -

Estimated Sales Volume

Estimated Annual Sales (All sales)	<u>\$10000 50,000</u>	Terminal Type:	_____
Estimated Visa/MC/Discover Sales	<u>\$40000</u>	Reprogram Terminal:	<u>.</u>
Estimated Monthly Visa/MC/Discover/ AMEX Sales	<u>\$45,000</u>	Equipment Purchase:	<u>.</u>
Average Ticket	<u>\$400.00</u>	Equip. Rental Program:	<u>.</u>
High Ticket	<u>\$1500.00</u>	Next Day Funding:	<u>.</u>
		Tip Edit:	<u>.</u>

First two sections must equal 100% respectively

Card Swiped: 100 % Card Keyed In: 0 % = 100% EBT: . FNS Number: _____

Card Present: 0 % Card Not Present: 100 % = 100% Tax Calculation: _____ If so tax rate: _____

Software or POS Integration Questions Only

MOTO: 0 % Internet: 100 %

Program Type: Interchange Plus

POS Software Integration: .

Software Name & Version: _____

MP/AP Name: _____

RP Name: _____

Pricing Provided: _____

Notes: Please add me as a user for payment gateway. NMT.

Receipt Header Message: _____

Receipt Footer Message: _____