

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 10-19-23
 Fax to : 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Raven + Lily
 Business Legal Name: Raven + Lily Restaurant LLC
 Contact Name: Justin Young Contact Phone Number: 901-267-9399
 Physical Address: 120 Mulberry St City, State, Zip: Collierville 38017
 Phone Number: # Fax Number:
 Email Address: Young JW73@gmail.com Website: Facebook Page
 Billing Address: 8875 Jennigan Dr City: Somerville
 State: TN Zip: 38068

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: 5-2016
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 81 3296550 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Restaurant (If yes input message in notes)

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

Officer/Owners Name: Justin Young Title: owner Social Security: 430 61 3737
 Home Address: 8875 Jennigan Dr City, State, Zip Code: Somerville 38068
 Drivers License#: 082037519 Expiration Date: 5-15-25 State: TN
 DOB: 5/1/73 Home Phone Number: 901 267 9399
 % of Business Owned: 100 % Length of Ownership: ~~4 yrs~~ 7 1/2 yrs

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

Name of Bank: Bank of FC
 ABA Routing #: 084304337
 Account #: 10128360

Terminal Questions (Circle your answer)

Batch Out Time:
 Communication Method: IP-internet or Dial-phone
 Do you dial 9 for outside line? Yes No
 Terminal Type:
 Reprogram Terminal: Yes No
 Equipment Purchase: Yes No
 Equipment Rental Program: Yes No
 Next Day Funding: Yes No
 Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 99 % Card Keyed In: 1 % = 100%
 Card Present: 100 % Card Not Present: 0 % = 100%
 MOTO: % Internet: %
 Traditional IBUXX SimpleBuxx PrimeBuxx

EBT: Yes No FNS Number:
 Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

POS Software Integration: Yes No
 Software Name & Version:
 MP/AP Name: Tricia Wright
 RP Name: none
 Pricing Provided: Statement Analysis or Quote

Notes: Sky Tab
IBuxx +

Receipt Header Message:
 Receipt Footer Message: