

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

Date: 8-30-23
 Submitted: 8-30-23
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Ellis Machine Shop
 Business Legal Name: Ellis Machine Shop
 Contact Name: Vida Brown or Contact Phone Number: Bob Ellis
 Physical Address: 184 North 4th St, City, State, Zip: Batesville, AR 72501
 Phone Number: 870-698-1263 Fax Number:
 Email Address: bobellis51953@yahoo.com Website:
 Billing Address: SAME City:
 State: Zip:

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 4-1-78
 LLC - circle one: C corp S corp P partner D disregarded entity
 Refund Policy: 30 days 60 days Other None
 Sole Prop Other:
 Partnership
 EIN/Federal Tax ID# 710608285
 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: machine shop (If yes input message in notes) repair motors

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

Officer/Owners Name: Bob Ellis Title: Social Security: 429-02-8792
 Home Address: 120 Ellis Lane City, State, Zip Code: Floral AR 72534
 Drivers License#: 901286838 Expiration Date: 5-19-25 State: AR
 DOB: 5-19-53 Home Phone Number: 870-698-1263
 % of Business Owned: 100 % Length of Ownership: 45 years

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

Terminal Questions (Circle your answer)

Name of Bank: Citizens Bank
 Batch Out Time: 7:00 PM
 ABA Routing #: 041252
 Communication Method: IP-internet or Dial-phone
 Account #: ~~041252~~ 082907736
 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Terminal Type: None
 Reprogram Terminal: Yes No
 Equipment Purchase: Yes No
 Equipment Rental Program: Yes No IBUX
 Next Day Funding: Yes No
 Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 25 % Card Keyed In: 75 % = 100%
 Card Present: 20 % Card Not Present: 80 % = 100%

EBT: Yes No FNS Number:
 Tax Calculation: Yes No If so tax rate: ~~12~~ %

Software or POS Integration Questions Only

MOTO: % Internet: %
 Traditional IBUX SimpleBuxx PrimeBuxx
 POS Software Integration: Yes No

Software Name & Version:
 MP/AP Name: Lisa Taylor
 RP Name:

Notes: IBUX

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Bob Ellis Machine Shop \$24.95

Receipt Footer Message: THANK YOU