


<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499	
Voided Check	<input type="checkbox"/>		email to:	
Business Verification Document	<input type="checkbox"/>		applications@impactpays.net	
Copy of Drivers License	<input type="checkbox"/>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name:	Blount County Commission		
Business Legal Name:	Blount County Commission	Website:	
Contact Name:	Mark Stator	Contact Phone Number:	205-625-6868
Physical Address:	220 2nd Ave E	City, State, Zip:	Oneonta, AL 35121
Email Address:	mstator@blountcountyal.gov	Phone #:	205-625-6868
Billing Address:	220 2nd Ave E	City, State, Zip:	Oneonta, AL 35121
Biz Phone #:	205-625-6868	Biz Fax #:	
		EIN/Tax ID #:	

<b>Business Type</b>			
Corporation - Pick One:	Type:	Bus Open Date:	
Refund Policy:	Print Policy:	(If yes input refund message)	
Types of Goods Sold: Convenience Store			

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

Officer/Owners Name:	Mark Stator	Title:	County administrator	Social Security:	
Home Address:	170 Fox Ridge Drive	City, State, Zip Code:	Warrior, AL	35180	
Drivers License#:	7176761	Exp Date:	4-11-2028	State Issued:	AL
DOB:	12-13-1984	Home Phone#:			
% of Business Owned:	—%	Length of Ownership:			

**Banking Information \*\* No starter checks or deposit slips accepted\*\*** **Terminal Questions (Circle your answer)**

Name of Bank:	Cadence Bank	Batch Out Time (for nextday funding 7:00 PM):	7pm
ABA Routing #:	084201278	Communication Method:	
Account #:	81714701	Do you dial 9 for outside line?	-

<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>	
Estimated Annual Sales (All sales) \$		Reprogram Terminal:	
Estimated Visa/MC/Discover Sales \$		Equipment Purchase:	
Estimated Monthly Visa/MC/Discover/AMEX Sales \$	15,000.00	Equip. Rental Program:	
Average Ticket \$	40.00	Next Day Funding:	
High Ticket \$	500.00	Tip Edit:	

**First two sections must equal 100% respectively**

Card Swiped: 99%	Card Keyed In: 1%	% = 100%	0	EFT:		FNS Number:	
Card Present: %	Card Not Present: %	% = 100%	0	Tax Calculation:		If so tax rate:	
MOTO: %	Internet: %			<b>Software or POS Integration Questions Only</b>			
Program Type:				POS Software Integration:			
				Software Name & Version:			

Notes: 3 - Valor 550 cellular terminals 3.5% to customer	MP/AP Name:	Holley Shirley
	RP Name:	Jennifer Sligh
	Pricing Provided:	

**Receipt Header Message:**

**Receipt Footer Message:**