

Attached Required Document Checklist		Date Submitted: <u>1/2/24</u>	Fax to: 901-692-9499	
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: <u>applications@impactpays.net</u>		
Copy of Drivers License <input checked="" type="checkbox"/>			Version: 005	

Merchant Application Submission Form

Merchant (Business) DBA Name: CKS Hair and Beauty Supply

Business Legal Name: Same

Contact Name: Salen Ali Pashed Contact Phone Number: 662-736-3707

Physical Address: 2855 N church Ave City, State, Zip: Louisville, MS 39339

Phone Number: _____ Fax Number: _____

Email Address: CKrashed75@gmail.com Website: _____

Billing Address: 2921 N church Ave City: Louisville

State: MS Zip: 39339

Business Type

Corporation - circle one: Private or Public

LLC circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____ Partnership _____

EIN/Federal Tax ID# 83-2337161 Print Refund Policy on Footer: Yes No (if yes input message in notes)

Business Start Date: 01/2019

Refund Policy: 30 days 60 days Other None

Types of Goods Sold: HBA

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

Officer/Owners Name: _____ Title: Owner Social Security: 613283303

Home Address: See DL City, State, Zip Code: _____

Drivers License#: _____ Expiration Date: _____ State: _____

DOB: _____ Home Phone Number: _____

% of Business Owned: 100 % Length of Ownership: since 01/2019

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)	
Name of Bank	Batch Out Time: <u>Manual</u>	
ABA Routing # <u>See VOID check</u>	Communication Method: <input checked="" type="radio"/> IP-internet or <input type="radio"/> Dial-phone	
Account #	Do you dial 9 for outside line? Yes <input type="radio"/> No <input checked="" type="radio"/>	
Estimated Sales Volume	Terminal Type: <u>Valor 100</u>	
Estimated Annual Sales (All sales) <u>159,000.00</u> \$150,000.00	Reprogram Terminal: Yes No	
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No	
Estimated Monthly Visa/MC/Discover/ AMEX Sales <u>\$3,000</u>	Equipment Rental Program: Yes No	
Average Ticket <u>\$25.00</u>	Next Day Funding: Yes No	
High Ticket <u>\$600.00</u>	Tip Edit: Yes No	
First two sections must equal 100% respectively	EBT: Yes No FNS Number: _____	
Card Swiped: <u>95</u> % Card Keyed In: <u>5</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %	
Card Present: <u>95</u> % Card Not Present <u>5</u> % = 100%	Software or POS Integration Questions Only	
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes No	
Traditional <input checked="" type="radio"/> IBUXX <input type="radio"/> SimpleBuxx <input type="radio"/> PrimeBuxx	Software Name & Version: _____	
Notes: <u>iBuxx, Valor 100</u>	MP/AP Name: <u>Molliswiderski</u>	
	RP Name: _____	
	Pricing Provided: Statement Analysis or Quote	

Receipt Header Message: _____

Receipt Footer Message: _____