

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

Version: 005

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Morgan Steel Texas LLC

Business Legal Name: Morgan Steel Texas LLC

Contact Name: Jim Saxon Contact Phone Number: 901-674-5343

Physical Address: 5700 Enterprise Dr City, State, Zip: Greenville, TX 75402

Phone Number: 903-459-0424 Fax Number:

Email Address: jim.saxon@morgansteel.net Website:

Billing Address: PO Box 1043 City: Greenville

State: TX Zip: 75403

**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# 88-3287435

Types of Goods Sold: Carbon Steel

Business Start Date: 03/01/23

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No (If yes input message in notes)

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

Officer/Owners Name: Scott Morgan Title: Principal Social Security:

Home Address: 4344 MONTELEONE WAY City, State, Zip Code: LAKELAND, TN 38002

Drivers License#: 07722464 Expiration Date: 3/22/29 State: TN

DOB: Home Phone Number:

% of Business Owned: 51 % Length of Ownership: 9 YEARS

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

**Terminal Questions (Circle your answer)**

Name of Bank: First Horizon Bank	Batch Out Time:
ABA Routing #: see attached	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
<b>Estimated Sales Volume</b>	<b>Terminal Type:</b>
Estimated Annual Sales (All sales) \$ 30mil	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$ 250k/monthly	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: Yes No
High Ticket \$	Tip Edit: Yes No

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

Card Swiped: % Card Keyed In: 100 % = 100%

Card Present: % Card Not Present % = 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:

Notes:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: