


Attached Required Document Checklist		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:				
Business Legal Name: K6zzy Kitchen LLC		Website:		
Contact Name: Chanell MATTHIS		Contact Phone Number: (228) 627-4540		
Physical Address: 3848 Jeffery Rd		City, State, Zip: MISS POINT MS. 39562		
Email Address: Dayycare@gmail.com		Phone #: (228) 627-4540		
Billing Address: Same		City, State, Zip: Same		
Biz Phone #: Same		Biz Fax #:		EIN/Tax ID #: 99-4762108
Business Type				
Corporation - Pick One: LLC		Type:	Bus Open Date:	
Refund Policy:		Print Policy:		(If yes input refund message)
Types of Goods Sold:				
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name: Chanell MATTHIS		Title: OWNER		Social Security: 093-66-457
Home Address: 3848 Jeffery Rd		City, State, Zip Code: MISS POINT MS.		
Drivers License#:		Exp Date:		State Issued:
DOB: 5/18/1981		Home Phone#: (228) 627-4540		
% of Business Owned: 100%		Length of Ownership: 90 days		
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)	
Name of Bank: Regions		Batch Out Time (for nextday funding 7:00 PM): 9pm		
ABA Routing #: 065305436		Communication Method:		
Account #: 0351136325		Do you dial 9 for outside line? -		
Estimated Sales Volume		Terminal Type: Valor		
Estimated Annual Sales (All sales): \$ 30,000		Reprogram Terminal:		
Estimated Visa/MC/Discover Sales: \$ 20,000		Equipment Purchase:		
Estimated Monthly Visa/MC/Discover/AMEX Sales: \$ 10,000		Equip. Rental Program:		
Average Ticket: \$ 90.00		Next Day Funding: yes		
High Ticket: \$ 40.00		Tip Edit:		
First two sections must equal 100% respectively		EBT:		FNS Number:
Card Swiped: 30% Card Keyed In: 70% = 100%		Tax Calculation:		If so tax rate:
Card Present: 50% Card Not Present: 50% = 100%		Software or POS Integration Questions Only		
MOTO: % Internet: %		POS Software Integration:		
Program Type:		Software Name & Version:		
Notes:		MP/AP Name:		
		RP Name:		
		Pricing Provided:		
Receipt Header Message:				
Receipt Footer Message:				