

Version:007.16



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

Merchant Application Submission Form

Merchant (Business) DBA Name:	Kozzy Kitchen		
Business Legal Name:	Treasure Resources	Website:	
Contact Name:	Chantel Matthis	Contact Phone Number:	228-627-4540
Physical Address:	3848 Jeffery rd.	City, State, Zip:	39562
Email Address:	Dayconeco@gmail.com	Phone #:	228-627-4540
Billing Address:	3848 Jeffery rd	City, State, Zip:	MOSS Point
Biz Phone #:		Biz Fax #:	EIN/Tax ID #:

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:	Chantel Matthis	Title:	owner	Social Security:	093-66-4577
Home Address:	3848 Jeffery rd	City, State, Zip Code:	Mass point	State Issued:	
Drivers License#:		Exp Date:			
DOB:	5/18/81	Home Phone#:	228-627-4540		
% of Business Owned:	100 %	Length of Ownership:	90 days		

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

Name of Bank:	Regions	Batch Out Time (for nextday funding 7:00 PM):	9pm
ABA Routing #:	068305436	Communication Method:	
Account #:	0351136325	Do you dial 9 for outside line? :	-
Estimated Sales Volume		Terminal Type:	Valor
Estimated Annual Sales (All sales) \$	32000	Reprogram Terminal:	
Estimated Visa/MC/Discover Sales \$		Equipment Purchase:	
Estimated Monthly Visa/MC/Discover / AMEX Sales \$		Equip. Rental Program:	
Average Ticket \$	20.00	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% 0

Card Present: 90 % Card Not Present 10 % = 100% 0

MOTO: % Internet: %

Program Type:

Notes:

Receipt Header Message:

Receipt Footer Message:

Software or POS Integration Questions Only

POS Software Integration:	
Software Name & Version:	Valor
MP/AP Name:	
RP Name:	
Pricing Provided:	