

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

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Harbison Tire & Auto Service

Business Legal Name: Harbison Tire & Auto Service Inc

Contact Name: Candace or Brady Harbison Contact Phone Number: 205-369-7110

Physical Address: 769 Highway 11 City, State, Zip: Trussville, AL 35173

Phone Number: 205-467-0349 Fax Number: 609

Email Address: harbisontireandauto@gmail.com Website:

Billing Address: 769 Highway 11 City: Trussville

State: AL Zip: 35173

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other: Partnership

Business Start Date: 1960

Refund Policy: 30 days 60 days Other None

EIN/Federal Tax ID# 63-0965468 Print Refund Policy on Footer: Yes No

Types of Goods Sold: (If yes input message in notes)

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

Officer/Owners Name: Brady Harbison Title: Owner Social Security: 419297393

Home Address: 9380 Highway 79 City, State, Zip Code: Pinson, AL 35126

Drivers License#: 72013166 Expiration Date: 6-19-2028 State: Alabama

DOB: 6-25-1984 Home Phone Number: 205-369-7110

% of Business Owned: _____ % Length of Ownership: 10 years

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank	Batch Out Time: <u>7pm</u>
ABA Routing #	Communication Method: IP-internet or Dial-phone
Account #	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ <u>100,000.00</u>	Equipment Rental Program: Yes No
Average Ticket \$ <u>300.00</u>	Next Day Funding: Yes No
High Ticket \$ <u>5,000.00</u>	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: <u>99</u> % Card Keyed In: <u>1</u> % = 100%	Tax Calculation: Yes No If so tax rate: _____ %
Card Present: _____ % Card Not Present _____ % = 100%	Software or POS Integration Questions Only
MOTO: _____ % Internet: _____ %	POS Software Integration: Yes No
Traditional <u>IBUXX</u> SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: <u>VALOR 1.00</u>	MP/AP Name: <u>Holley Shirley</u>
<u>pass 3,570 to customer</u>	RP Name: <u>Jennifer Sligh</u>
<u>needs a bypass option</u>	Pricing Provided: Statement Analysis or Quote
Receipt Header Message:	
Receipt Footer Message:	