

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted:

Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: JR HVAC Services, LLC
 Business Legal Name: JR HVAC Services, LLC
 Contact Name: James Griggs Contact Phone Number: (901) 301-5237
 Physical Address: 1575 Payne Rd City, State, Zip: Oakland, TN 38060
 Phone Number: (901) 422-7592 Fax Number: N/A
 Email Address: james@jrhvacservices.com Website:
 Billing Address: 1575 Payne Rd City: Oakland
 State: TN Zip: 38060

Business Type

Corporation - circle one: Private or Public
 Business Start Date: 10/24
 LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None
 Sole Prop Other: Partnership
 EIN/Federal Tax ID# 33-1488644 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: HVAC (if yes input message in notes)

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

Officer/Owners Name: James Griggs Title: owner Social Security: 410-53-8122
 Home Address: 1575 Payne Rd City, State, Zip Code: Oakland, TN 38060
 Drivers License#: 075050704 Expiration Date: 2/5/28 State: TN
 DOB: 1/24/75 Cell Home Phone Number: (901) 301-5237
 % of Business Owned: 100 % Length of Ownership: 2 month

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
Name of Bank: The Bank	Batch Out Time: 6 pm
ABA Routing #: 084304337	Communication Method: IP-internet or Dial-phone
Account #: 10290109	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 \$	Equipment Rental Program: Yes No
Average Ticket \$ 150	Next Day Funding: Yes No
High Ticket \$ 15k	Tip Edit: Yes No
First two sections must equal 100% respectively	EBT: Yes No FNS Number:
Card Swiped: 0 % Card Keyed In: 100 % = 100%	Tax Calculation: Yes No If so tax rate: %
Card Present: 50 % Card Not Present 50 % = 100%	Software or POS Integration Questions Only
MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: Bank of fc referral- valor virtual terminal- IBuxx 3.95%	MP/AP Name: Tricia wright
	RP Name: Bank of fc
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: