

Attached Required Document Checklist
 Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 1/19/24
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: Fox Body Shop Inc
 Business Legal Name: Fox Body Shop, Inc
 Contact Name: Laura Hardy Contact Phone Number: 601-656-6831
 Physical Address: 266 W Beacon St City, State, Zip: Philadelphia, MS 39350
 Phone Number: Fax Number:
 Email Address: Foxbodyshop@bellsouth.net Website:
 Billing Address: Same City: A
 State: Zip:

Business Type
 Corporation - circle one: Private or Public Business Start Date: 12/2010
 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# 900637877 Print Refund Policy on Footer: Yes No
 Types of Goods Sold: Body Shop (If yes input message in notes)

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

Officer/Owners Name: Title: Social Security: 428-57-6149
 Home Address: City, State, Zip Code:
 Drivers License#: See DL Expiration Date: State:
 DOB: Home Phone Number:
 % of Business Owned: 100 % Length of Ownership:

| Banking Information ** No starter checks or deposit slips accepted** | Terminal Questions (Circle your answer) |
|--|---|
| Name of Bank | Batch Out Time: 6 pm |
| ABA Routing # See voided ck | 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 \$10,000.00 | Equipment Rental Program: Yes No |
| Average Ticket \$150.00 | Next Day Funding: Yes No |
| High Ticket \$6000.00 | Tip Edit: Yes No |
| First two sections must equal 100% respectively | EBT: Yes No FNS Number: |
| Card Swiped: 95 % Card Keyed In: 5 % = 100% | Tax Calculation: Yes No If so tax rate: % |
| Card Present: 95 % Card Not Present 5 % = 100% | Software or POS Integration Questions Only |
| MOTO: % Internet: % | POS Software Integration: Yes No |
| Traditional IBUXX SimpleBuxx PrimeBuxx | Software Name & Version: |

Notes: SBL - so po fees are on their banking auto Buxx Valor 100
 MP/AP Name: Mollie Swiderski
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
 Receipt Footer Message: