

Voided Check
Business Verification Document
Copy of Drivers License

Submitted: 12-14-24

email to: applications@impactpays.net



Version: 0

Merchant Application Submission Form

Merchant (Business) DBA Name: Cleveland Collision Center & Auto Service
Business Legal Name:
Contact Name: Rick Little Contact Phone Number: 205-274-2930
Physical Address: 36101 State Hwy 79 City, State, Zip: Cleveland, AL 35049
Phone Number: 205-274-2930 Fax Number:
Email Address: Clevelandauto46@gmail.com Website:
Billing Address: 36101 State Hwy 79 City: Cleveland
State: AL Zip: 35049

Business Type

Corporation - circle one: Private or Public Business Start Date: 2001
LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None
 Sole Prop Other: EIN/Federal Tax ID# 418-64-6418 Print Refund Policy on Footer: Yes No
 Partnership 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: George Richard Little Title: Owner Social Security: 418-64-6418
Home Address: 345 Overlook Dr City, State, Zip Code: Cleveland, AL 35049
Drivers License#: 2312721 Expiration Date: 10-31-2024 State: AL
DOB: 10-11-46 Home Phone Number:
% of Business Owned: 100% Length of Ownership: 23 years

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

Terminal Questions (Circle your answer)

Name of Bank: Hometown Bank of Alabama
ABA Routing #: 062206444
Account #: 2049036
Estimated Sales Volume

Batch Out Time: 7 pm
Communication Method: IP-internet or Dial-phone
Do you dial 9 for outside line? Yes No
Terminal Type: VALOR 100

Estimated Annual Sales (All sales) \$
Estimated Visa/MC/Discover Sales \$
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 8,000.⁰⁰
Average Ticket \$ 2,000.⁰⁰
High Ticket \$ 350.⁰⁰

Reprogram Terminal: Yes No
Equipment Purchase: Yes No
Equipment Rental Program: Yes No
Next Day Funding: Yes No
Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 99% Card Keyed In: 1% = 100%
Card Present: % Card Not Present % = 100%

EFT: Yes No FNS Number:
Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

MOTO: % Internet: %
Traditional IBUXX SimpleBuxx PrimeBuxx

POS Software Integration: Yes No
Software Name & Version:

Notes: Autobuxx 3.5% pass to customer

MP/AP Name: Holley Shirley
RP Name: Jennifer Sligh
Pricing Provided: Statement Analysis or Quote

Receipt Header Message:
Receipt Footer Message: