


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
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:					
Business Legal Name:					
Contact Name: David Feredico		Contact Phone Number:			
Physical Address:		City, State, Zip:			
Phone Number:		Fax Number:			
Email Address: davidferedico@gmail.com		Website:			
Billing Address:				City:	
State:		Zip:			
Business Type					
Corporation - circle one: Private or Public			Business Start Date:		
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#		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:		Title:		Social Security:	
Home Address:		City, State, Zip Code:			
Drivers License#:		Expiration Date:		State:	
DOB:		Home Phone Number:			
% of Business Owned: _____%		Length of Ownership:			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank			Batch Out Time:		
ABA Routing #			Communication Method: IP-internet or Dial-phone		
Account #			Do you dial 9 for outside line? Yes No		
Estimated Sales Volume			Terminal Type: Mobile App with bluetooth reader		
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		\$ 40,000.00	Equipment Rental Program:		Yes No
Average Ticket		\$ 300.00	Next Day Funding:		Yes No
High Ticket		\$ 2700.00	Tip Edit:		Yes No
First two sections must equal 100% respectively			EBT: Yes No FNS Number:		
Card Swiped: % Card Keyed In: % = 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 IBUXX SimpleBuxx PrimeBuxx		Software Name & Version:			
Notes:		MP/AP Name:			
		RP Name:			
		Pricing Provided: Statement Analysis or Quote			
Receipt Header Message:					
Receipt Footer Message:					