Voided Check ☐
Copy of Drivers License ☐

email to:
statements@impactpays.net

IMPACT — PAYMENT PARTNERS —

Merchant Application Submission Form

Merchant DBA Name: Smithville Quick Stop
Merchant Legal Name: Mahraan Hasson
Physical Address: 63490 Hwy 25 N **City:** Smithville
State: MS **Zip:** 38870
Phone Number: 662-651-4241 **Fax Number:**
Email Address: **Website:**
Billing Address: Same **City:**
State: **Zip:**

Business Type

☐ Corporation ☑ Limited Liability ☐ Sole Prop ☐ Partnership ☐ Other
State: MS **Date Incorporated:** 4/2018
% of Business Owned: 50 %
Federal Tax ID# 45-9990023 **Business Start Date** 4/2018

Ownership Infromation

Officer/Owners Name: **Social Security** 602-02-1438
Home Address: Same **City:** **State:**
Drivers License#: **Expiration Date:** **State:**
DOB 7/2/91

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
Name of Bank First American National Bank
City Fulton **State** MS **Zip** 38843
ABA Routing # 084201058
Account # 177083

Estimated Sales Volume

Esitimated Annual Sales (All sales)	$ 360,000	
Esitmated Visa/MC/Discover Sales	$	
Estimated Amex Sales	$	
Average Ticket	$ ~~150.00~~	
**Highest Ticket	$ $250.00	
% Card Swiped	%	100%
% Card Keyed In	%	0
%Card Present	%	
% Card Not Present	%	
% MOTO	%	
% Internet	%	
% B2B	%	
% International Cards	%	

Terminal Configuration

Batch Time:
Commumication Method:
Dial ☐ IP-Internet ☐
Do you dial 9 for outside line?
Terminal Type
Equipment Purchase ☐
Equipment Replacement Program ☐
PIN Debit Pin Pad ☐
POS SOFTWARE ☐
Software Name
Version

EBT Machine

Managing Partner

Managing Partner Name
Date Submitted

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback: