Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	Version:007.16
Voided Check	☐		email to: applications@impactpays.net	IMPACT PAYSYSTEM
Business Verification Document	☐	12/28/23		
Copy of Drivers License	☐			

Merchant Application Submission Form

Merchant (Business) DBA Name:					
Business Legal Name:	DC Hispanic Contractors Association			**Website:**	https://dchispaniccontractors.com/
Contact Name:	Jose Sueiro		**Contact Phone Number:**		2022030120
Physical Address:	2001 L Street, NW 5th Floor		**City, State, Zip:**		Washington DC 20036
Email Address:	jose@dchispaniccontractors.com			**Phone #:**	202 203 0120
Billing Address:	2001 L Street, NW 5th Floor		**City, State, Zip:**		Washington DC 20036
Biz Phone #:	2028482493	**Biz Fax #:**		**EIN/Tax ID #:**	205325447

Business Type

Corporation - Pick One:	Public	**Type:**	Other	**Bus Open Date:**	
Refund Policy:	30 Days	**Print Policy:**	.	(If yes input refund message)	

Types of Goods Sold:

DONATIONS AND MEMBERSHIP FEES COLLECTED

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

Officer/Owners Name:	Jose Sueiro		**Title:** President	**Social Security:**	
Home Address:	1841 Columbia Road, NW Suite 614		**City, State, Zip Code:**		Washington DC 20009
Drivers License#:		**Exp Date:**		**State Issued:**	
DOB:		**Home Phone#:**			
% of Business Owned:	%	**Length of Ownership:**			

Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank	**FOUNDERS BANK**	**Batch Out Time (for nextday funding 7:00 PM):**	
ABA Routing #	**054001767**	**Communication Method:** .	
Account #	**2100113600**	**Do you dial 9 for outside line?** -	

Estimated Sales Volume			
Estimated Annual Sales (All sales)	$	**Terminal Type:**	
Estimated Visa/MC/Discover Sales	$ 150,000	**Reprogram Terminal:**	.
Estimated Monthly Visa/MC/Discover/ AMEX Sales	$ 10,000	**Equipment Purchase:**	.
Average Ticket	$ 500	**Equip. Rental Program:**	.
High Ticket	$ 1500	**Next Day Funding:**	.
		Tip Edit:	.

First two sections must equal 100% respectively							
Card Swiped:	%	**Card Keyed In:**	**% = 100%** 0	**EBT:**	.	**FNS Number:**	
Card Present:	%	**Card Not Present**	**% =100%** 0	**Tax Calculation:**			**If so tax rate:**
MOTO:	%	**Internet:**	%				
Program Type:	.						

Software or POS Integration Questions Only	
POS Software Integration:	.
Software Name & Version:	
MP/AP Name:	
RP Name:	
Pricing Provided:	

Notes:

Receipt Header Message:

Receipt Footer Message: