

Attached Document Checklist
 Voided Check
 Copy of Drivers License

Fax to : 901-692-9499
 email to :
 statements@impactpays.net



Merchant Application Submission Form

Merchant DBA Name: Endville Express LLC
 Merchant Legal Name: Yaser Alzoury
 Physical Address: 23 Endville Rd. City: Belden
 State: MS Zip: 38826
 Phone Number: 662-840-8524 Fax Number:
 Email Address: avouarfat1998@gmail.com Website:
 Billing Address: 23 Endville Rd. City: Belden
 State: MS Zip: 38826

Business Type

Corporation State: MS Date Incorporated: 03/01/15
 Limited Liability % of Business Owned: 50 %
 Sole Prop
 Partnership Other
 Federal Tax ID# 47-3426190 Business Start Date 03/01/15

Ownership Information

Officer/Owners Name: Yaser Alzoury Social Security 062-80-4308
 Home Address: 10261 Hwy 9N City: Belden State: MS
 Drivers License#: Expiration Date: State:
 DOB 09/10/75

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
 Name of Bank First Choice Bank
 City Pontotoc State MS Zip 38863
 ABA Routing # 084202073
 Account # 0157568

Estimated Sales Volume

Terminal Configuration

Estimated Annual Sales (All sales) \$ 1.6 mil
 Estimated Visa/MC/Discover Sales \$
 Estimated Amex Sales \$
 Average Ticket \$ 30.00
 **Highest Ticket \$ 400.00

% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Batch Time:
 Communication 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

Managing Partner

Managing Partner Name
 Date Submitted

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: