

Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check ☐		email to: applications@impactpays.net			
Business Verification Document ☐					
Copy of Drivers License ☐					
Merchant Application Submission Form					
Merchant (Business) DBA Name: SQRL #					
Business Legal Name: SQRL Service Stations LLC					
Contact Name: Nash Karawadra or Mariah Bozarth		Contact Phone Number:			
Physical Address:		City, State, Zip:			
Phone Number: 501-349-3415		Fax Number:			
Email Address: mariah@sqrholdings.com		Website:			
Billing Address: 27 Rahling Circle Suite C				City: Little Rock	
State: AR		Zip: 72223			
Business Type					
Corporation - circle one: Private or Public			Business Start Date: 2/1/23		
☒ - 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# 88-1480256	Print Refund Policy on Footer: Yes No		
Partnership		Types of Goods Sold: C store	(If yes input message in notes)		
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name: Adam Lusthaus		Title: Owner	Social Security: 084-68-6740		
Home Address: 17595 Rainstream Road		City, State, Zip Code: Boca Raton, FL			
Drivers License#: L232013813320		Expiration Date: 09/12/1928	State: FL		
DOB: 9/12/1981		Home Phone Number: 501-349-3415			
% of Business Owned: 51 %		Length of Ownership: 2 yrs			
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank Stone Bank			Batch Out Time: 7:30 PM CST		
ABA Routing # 082907781			Communication Method: IP-Internet ☒ or Dial-phone		
Account # 21516085			Do you dial 9 for outside line? Yes No		
Estimated Sales Volume			Terminal Type: Valor VP100 & VP300		
Estimated Annual Sales (All sales)		\$ 750,000	Reprogram Terminal:		Yes No
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:		Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$ 30,000	Equipment Rental Program:		Yes No
Average Ticket		\$ 35	Next Day Funding:		Yes No
High Ticket		\$ 750	Tip Edit:		Yes No
First two sections must equal 100% respectively			EBT: ☒ No FNS Number:		
Card Swiped: 98 % Card Keyed In: 2 % = 100%			Tax Calculation: Yes No If so tax rate: _____ %		
Card Present: 100 % 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: Tsys Var Monthly Fee: \$8.00 V/MC/D IC 0.10% + \$0.10 Rental: \$29.95 Amex IC 0.20% + \$0.10 Batch Fee \$0.10 Pin Debit IC 0.10% + \$0.10 EBT \$0.20			MP/AP Name: Nash Karawadra		
			RP Name:		
			Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:					
Receipt Footer Message:					