Attached Required Document Checklist	Fax to: 901-692-9499	a	
Voided Check	1 4 10 1 301 032 3 133	,	<u>.</u>
Business Verification Document	email to: applications@impactpays.net		
Copy of Drivers License			
Managing Partner Name: Neil Luallen			
Date Submitted: 9/21/21			
Merchant Application Submission Form			
Merchant (Business) DBA Name: Maria's Taco House			
Business Legal Name: Maria's Taco House, Inc			
Contact Name: Agustin Angel	Contact Phone Number: 217-821-4655		
Physical Address: 3001 S Banker St	Iress: 3001 S Banker St City, State, Zip: Effingham, IL 62401		
Phone Number: 217-347-3200 Fax Number:			
Email Address: agustinangel28@gmail.com	Website:		
Billing Address: Same as above			City:
State: Zip:			
Business Type			
Corporation - circle one: Private or Public	Busin	ness Start Date: 9/30	0/21
LLC - circle one: C corp S corp P partner D disreg	arded entity		
Sole Prop Other: EIN/Fede	ral Tax ID# 87-2428000		Refund Policy? Yes or No
Partnership Types of Goods Sold: food			
Ownership Information (Must be 51% or more) *Might need information on all owners*			
Officer/Owners Name: Agustin Angel	Title: Owner	Social Security:	337-92-3068
Home Address: 14634 N Emberline City, State, Zip Code: Effingham, IL 62401			
Drivers License#: A524-0007-4276 Expiration Date: 9/28/2024 State: IL			
DOB: 9/28/1974 Home Phone Number: 217-821-4655			
of Business Owned:			
Banking Information			
A copy of a voided check or a signed verification letter from the bank is <u>required</u> . *No Starter Checks Accepted*			
Name of Bank Crossroads Bank			
Account # 040282 Estimated Sales Volume		Termin	al Questions
Estimated Annual Sales (All sales)	\$ Batcl	h Out Time:	ui Questions
Estimated Annual Visa/MC/Discover/ AMEX Sales			-internet Dial-phone WIFI
Estimated Monthly Visa/MC/Discover/ AMEX Sales		ou dial 9 for outside line	•
Average Ticket		ninal Type: Pax S80 x2	
High Ticket		Pad Type:	
First two sections must equal 100% respectively	Repr	rogram Terminal:	Yes - No
Card Swiped: 97 % Card Keyed In: 3 % = 100%	Equip	pment Purchase:	Yes - No
Card Present: 97 % Card Not Present 3 % = 100%	Equip	pment Rental Program	n: Yes - No
MOTO: % Internet: %	PIN I	Debit Pin Pad:	Yes - No
IBUXX or <mark>Traditional</mark>	POS	Software Integration:	Yes - No
Notes: Software Name & Version:			
		t Day Funding:	Yes - No
		dit:	Yes - No
			Version: 004