

Attached Required Document Checklist

Voided Check
 Business Verification Document
 Copy of Drivers License

Date Submitted: 8/29/22
 Fax to: 901-692-9499
 email to: applications@impactpays.net



Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name:
 Business Legal Name: ~~Southville~~ CARLITA SVP LLC
 Contact Name: PRADEEP ADATROW Contact Phone Number: 317-965-2372
 Physical Address: 110 SUNNY HILL CV City, State, Zip: BROWNSVILLE, TN - 38012
 Phone Number: 731-224-5028 Fax Number:
 Email Address: padatrow@gmail.com Website:
 Billing Address: 1100 RIVER GREEN DR City: MEMPHIS
 State: TN Zip: 38120

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other:
 Partnership
 Business Start Date: 08/12/22
 Refund Policy: 30 days 60 days Other None
 EIN/Federal Tax ID# 88-3724555
 Types of Goods Sold: LODGING
 Print Refund Policy on Footer: Yes No
 (If yes input message in notes)

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

Officer/Owners Name: PRADEEP ADATROW Title: Manager Social Security: 419-53-8142
 Home Address: 1100 RIVER GREEN DR City, State, Zip Code: MEMPHIS, TN - 38120
 Drivers License#: 117427013 Expiration Date: 12/12/2024 State: TN
 DOB: 1/13/1977 Home Phone Number: 901-405-4776
 % of Business Owned: 33 % Length of Ownership: 1 month.

Banking Information ** No starter checks or deposit slips accepted**

Terminal Questions (Circle your answer)

Name of Bank: IN SOUTH - BROWNSVILLE
 ABA Routing #: 084301408
 Account #: 119984458
 Batch Out Time:
 Communication Method: IP-internet or Dial-phone
 Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$504,000	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Rental Program:	Yes	No
Average Ticket	\$	Next Day Funding:	Yes	No
High Ticket	\$ 600	Tip Edit:	Yes	No


First two sections must equal 100% respectively

Card Swiped:	% Card Keyed In:	% = 100%	EBT: Yes No FNS Number:
Card Present:	% Card Not Present	% = 100%	Tax Calculation: Yes No If so tax rate: %
MOTO:	% Internet:	%	Software or POS Integration Questions Only
Traditional	IBUXX	SimpleBuxx	PrimeBuxx
			POS Software Integration: Yes No
			Software Name & Version:

Notes:
 MP/AP Name:
 RP Name:
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message:

Attached Required Document Checklist		Date Submitted:	Fax to: 901-692-9499	
Voided Check <input type="checkbox"/>	Business Verification Document <input type="checkbox"/>		e mail to:	
Copy of Drivers License <input type="checkbox"/>			applications@impactpays.net	

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Merchant Application Submission Form

Merchant (Business) DBA Name: _____

Business Legal Name: ~~XXXXXXXXXX~~ **CARLITA SVP LLL**

Contact Name: **PRADDEEP ADATROW** Contact Phone Number: **317-965-2372**

Physical Address: **110 SUNNY HILL CV** City, State, Zip: **BROWNSVILLE, TN - 38012**

Phone Number: **731-224-5028** Fax Number: _____

Email Address: **padatrow@gmail.com** Website: _____

Billing Address: **1100 RIVER GREEN DR** City: **MEMPHIS**

State: **TN** Zip: **38120**

Business Type

Corporation - circle one: Private or Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop Other: _____

Partnership _____

EIN/Federal Tax ID# **88-3724555**

Types of Goods Sold: **LOGGING**

Business Start Date: _____

Refund Policy: 30 days 60 days Other None

Print Refund Policy on Footer: Yes No (if yes input message in notes)

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

Officer/Owners Name: **SANJEEV KUMAR** Title: _____ Social Security: **470-47-2125**

Home Address: **9285 Enclave Green Ln E** City, State, Zip Code: **Germetown, TN - 38139**

Drivers License#: **124805121** Expiration Date: **9/5/2026** State: **TN**

DOB: **08/16/1980** Home Phone Number: **248-924-1791**

% of Business Owned: **33** % Length of Ownership: **1mo**


Banking Information ** No starter checks or deposit slips accepted **	Terminal Questions (Circle your answer)
Name of Bank IN SOUTH - BROWNSVILLE	Batch Out Time: _____
ABA Routing # 084301408	Communication Method: IP-internet or Dial-phone
Account # 119984458	Do you dial 9 for outside line? Yes No
Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$504,000	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales \$	Equipment Rental Program: Yes No
Average Ticket \$	Next Day Funding: Yes No
High Ticket \$ 600	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: _____ %	Card Keyed In: _____ %	= 100%	EBT: Yes No FNS Number: _____
Card Present: _____ %	Card Not Present: _____ %	= 100%	Tax Calculation: Yes No If so tax rate: _____ %
MOTO: _____ %	Internet: _____ %		Software or POS Integration Questions Only
Traditional _____	IBUXX _____	SimpleBuxx _____	PrimeBuxx _____
POS Software Integration: Yes No			Software Name & Version: _____
MP/AP Name: _____			RP Name: _____
Pricing Provided: Statement Analysis or Quote			

Receipt Header Message: _____

Receipt Footer Message: _____

Attached Required Document Checklist		Date	Fax to: 901-692-9499	
Voided Check <input type="checkbox"/>	Business Verification Document <input type="checkbox"/>	Submitted:	e mail to:	
Copy of Drivers License <input type="checkbox"/>			applications@impactpays.net	

Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name:

Business Legal Name: ~~XXXXXXXXXX~~ **CARLITA SVP LLC**

Contact Name: **PRADEEP ADATROW** **Contact Phone Number:** **317-965-2372**

Physical Address: **110 SUNNY HILL CV** **City, State, Zip:** **BROWNSVILLE, TN - 38012**

Phone Number: **731-224-5028** **Fax Number:**

Email Address: **padatrow@gmail.com** **Website:**

Billing Address: **1100 RIVER GREEN DR** **City:** **MEMPHIS**

State: **TN** **Zip:** **38120**

Business Type

Corporation - circle one: Private Public

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop **Other:** **Partnership**

EIN/Federal Tax ID# **88-3724555**

Business Start Date:

Refund Policy: 30 days 60 days Other None

Types of Goods Sold: **LOGGING**

Print Refund Policy on Footer: Yes No
(If yes input message in notes)

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

Officer/Owners Name: **Vikram Parasa** **Title:** **Social Security:** **411-89-5237**

Home Address: **1673 Horseshoe Bend Trl** **City, State, Zip Code:** **Collierville, TN - 38017**

Drivers License#: **099942100** **Expiration Date:** **12/27/2025** **State:** **TN**

DOB: **12/27/77** **Home Phone Number:** **901 489 5184**

% of Business Owned: **33 %** **Length of Ownership:** **1 month**

Banking Information ** No starter checks or deposit slips accepted **

Terminal Questions (Circle your answer)

Name of Bank: **IN SOUTH - BROWNSVILLE** **Batch Out Time:**

ABA Routing #: **084301408** **Communication Method:** IP-internet or Dial-phone

Account #: **119984458** **Do you dial 9 for outside line?** Yes No

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales)	\$504,000	Reprogram Terminal:	Yes	No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes	No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Rental Program:	Yes	No
Average Ticket	\$	Next Day Funding:	Yes	No
High Ticket	\$ 600	Tip Edit:	Yes	No

First two sections must equal 100% respectively

Card Swiped: % **Card Keyed In:** % = 100%

Card Present: % **Card Not Present** % = 100%

MOTO: % **Internet:** %

EBT: Yes No FNS Number:

Tax Calculation: Yes No If so tax rate: %

Software or POS Integration Questions Only

Traditional **IBUXX** **SimpleBUXX** **PrimeBUXX**

POS Software Integration: Yes No

Software Name & Version:

Notes:

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: