Attached Required Document Checklist	Date	Fax to: 901-6	92-9499		
Voided Check Submitted Business Verification Document		email to:		IMPACT	
Copy of Drivers License		applicatio	ns@impactpays.net	— PAYMENT PAR	TNERS — Version: 005
	Mercha	nt Application S	Submission Form		
Merchant (Business) DBA Name: SQRL # 259					
Business Legal Name: SQRL Service Stations LLC					
Contact Name: Nash Karawadra or Mariah Bozarth Contact Phone Number:					
Physical Address: 2304 AR 124 y, State, Zip: Russleville, AR 32802					
Phone Number: 501-349-3415 Fax Number:					
Email Address: mariah@sqrlholdings.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					
LX - circle one: C corp S corp P partne	Refund Policy: 30 days	60 days Othe	r None		
Sole Prop Other: E	IN/Federal	Tax ID# 88-	1480256	Print Refund Policy	on Footer:
Partnership T	Types of Goo	ods Sold: C s	tore	Yes No (If yes input messag	;e in notes)
Ownership Information (Must be 51%	% or more) if m	ultiple owners fill out addi	tional ownership 1	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-Tyternet or Dial-phone		
Account # 21516085			Do you dial 9 for outside line? Yes No		
Estimated Sales Volu	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 Progr	ram: 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: Y No FNS Number:					
Card Swiped: 98			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		
Trad <u>it n</u> nal 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:					