


<b>Attached Required Document Checklist</b>		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>		email to: applications@impactpays.net			
Business Verification Document <input type="checkbox"/>					
Copy of Drivers License <input type="checkbox"/>					
<b>Merchant Application Submission Form</b>					
<b>Merchant (Business) DBA Name:</b> SQRL # 715					
<b>Business Legal Name:</b> SQRL Service Stations LLC					
<b>Contact Name:</b> Nash Karawadra or Mariah Bozarth			<b>Contact Phone Number:</b>		
<b>Physical Address:</b> 171 North Main Street			<b>City, State, Zip:</b> Fon Du Lac, WI 54935		
<b>Phone Number:</b> 501-349-3415			<b>Fax Number:</b>		
<b>Email Address:</b> mariah@sqrlholdings.com			<b>Website:</b>		
<b>Billing Address:</b> 27 Rahling Circle Suite C				<b>City:</b> Little Rock	
<b>State:</b> AR		<b>Zip:</b> 72223			
<b>Business Type</b>					
<b>Corporation - circle one:</b> Private or Public			<b>Business Start Date:</b> 2/1/23		
<input checked="" type="checkbox"/> - circle one: C corp S corp P partner D disregarded entity			<b>Refund Policy:</b> 30 days 60 days Other None		
<b>Sole Prop Other:</b>		<b>EIN/Federal Tax ID#</b> 88-1480256		<b>Print Refund Policy on Footer:</b> Yes No	
<b>Partnership</b>		<b>Types of Goods Sold:</b> C store		(If yes input message in notes)	
<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>					
<b>Officer/Owners Name:</b> Adam Lusthaus		<b>Title:</b> Owner		<b>Social Security:</b> 084-68-6740	
<b>Home Address:</b> 17595 Rainstream Road			<b>City, State, Zip Code:</b> Boca Raton, FL		
<b>Drivers License#:</b> L232013813320		<b>Expiration Date:</b> 09/12/1928		<b>State:</b> FL	
<b>DOB:</b> 9/12/1981		<b>Home Phone Number:</b> 501-349-3415			
<b>% of Business Owned:</b> <u>51</u> %			<b>Length of Ownership:</b> 2 yrs		
<b>Banking Information ** No starter checks or deposit slips accepted**</b>			<b>Terminal Questions (Circle your answer)</b>		
<b>Name of Bank</b> Stone Bank			<b>Batch Out Time:</b> 7:30 PM CST		
<b>ABA Routing #</b> 082907781			<b>Communication Method:</b> IP-Internet or Dial-phone		
<b>Account #</b> 21516085			<b>Do you dial 9 for outside line?</b> Yes No		
<b>Estimated Sales Volume</b>			<b>Terminal Type:</b> Valor VP100 & VP300		
<b>Estimated Annual Sales (All sales)</b>		\$ 750,000		<b>Reprogram Terminal:</b> Yes No	
<b>Estimated Visa/MC/Discover Sales</b>		\$		<b>Equipment Purchase:</b> Yes No	
<b>Estimated Monthly Visa/MC/Discover/ AMEX Sales</b>		\$ 30,000		<b>Equipment Rental Program:</b> Yes No	
<b>Average Ticket</b>		\$ 35		<b>Next Day Funding:</b> Yes No	
<b>High Ticket</b>		\$ 750		<b>Tip Edit:</b> Yes No	
<b>First two sections must equal 100% respectively</b>			<b>EBT:</b> <input checked="" type="checkbox"/> No <b>FNS Number:</b>		
<b>Card Swiped:</b> 98 %		<b>Card Keyed In:</b> 2 % = 100%		<b>Tax Calculation:</b> Yes No <b>If so tax rate:</b> _____ %	
<b>Card Present:</b> 100 %		<b>Card Not Present</b> % =100%		<b>Software or POS Integration Questions Only</b>	
<b>MOTO:</b> %		<b>Internet:</b> %		<b>POS Software Integration:</b> Yes No	
<b>Traditional</b> <input checked="" type="checkbox"/> <b>IBUXX</b> <input type="checkbox"/> <b>SimpleBuxx</b> <input type="checkbox"/> <b>PrimeBuxx</b> <input type="checkbox"/>			<b>Software Name &amp; Version:</b>		
<b>Notes:</b> Tsys Var Monthly Fee: \$8.00			<b>MP/AP Name:</b> Nash Karawadra		
V/MC/D IC 0.10% + \$0.10 Rental: \$29.95			<b>RP Name:</b>		
Amex IC 0.20% + \$0.10 Batch Fee \$0.10			<b>Pricing Provided:</b> Statement Analysis or Quote		
Pin Debit IC 0.10% + \$0.10 EBT \$0.20					
<b>Receipt Header Message:</b>					
<b>Receipt Footer Message:</b>					