


Attached Required Document Checklist		Date	Fax to : 901-692-9499		
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net		
Business Verification Document	<input type="checkbox"/>	9/22/23			
Copy of Drivers License	<input type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name:		Hilton Garden Madison MS			
Business Legal Name:		320 New Mansdale Lodging LLC	Website:		
Contact Name:		Bhupendra Patel	Contact Phone Number: 662-205-4031		
Physical Address:		320 New Mansdale Rd	City, State, Zip: Madison MS 39110		
Email Address:		Sloan@wealthbg.com	Phone #: 601-420-0442		
Billing Address:		1020 N Gloucester St #110	City, State, Zip: Tupelo MS 38804		
Biz Phone #:			Biz Fax #:		EIN/Tax ID #: 88-3157016
Business Type					
Corporation - Pick One:		LLC	Type:	Bus Open Date:	
Refund Policy:			Print Policy:		(If yes input refund message)
Types of Goods Sold:		Lodging			
Convenience Store					
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form					
Officer/Owners Name:		Bhupendra Patel	Title: owner	Social Security: 421-35-5737	
Home Address:		2749 Bayhill woods	City, State, Zip Code: Collierville TN 38017		
Drivers License#:		143640281	Exp Date: 9/24/27	State Issued: TN	
DOB:		9/13/78	Home Phone#: 662-205-4031		
% of Business Owned:		51%	Length of Ownership:		
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)		
Name of Bank:		Bank Plus	Batch Out Time (for nextday funding 7:00 PM):		
ABA Routing #:		065301948	Communication Method: FL Internet		
Account #:		2000202840	Do you dial 9 for outside line? .		
Estimated Sales Volume			Terminal Type:		
Estimated Annual Sales (All sales)		\$ 1.5 million	Reprogram Terminal:		
Estimated Visa/MC/Discover Sales		\$	Equipment Purchase:		
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$	Equip. Rental Program:		
Average Ticket		\$	Next Day Funding:		
High Ticket		\$	Tip Edit:		
First two sections must equal 100% respectively			EBT:		FNS Number:
Card Swiped: %	Card Keyed In: %	= 100% 0	Tax Calculation:		If so tax rate:
Card Present: %	Card Not Present: %	= 100% 0	Software or POS Integration Questions Only		
MOTO: %	Internet: %		POS Software Integration:		
Program Type:			Software Name & Version:		
Notes:			MP/AP Name:		
			RP Name:		
			Pricing Provided:		
Receipt Header Message:					
Receipt Footer Message:					