

**Attached Required Document Checklist**

Voided Check	<input type="checkbox"/>
Business Verification Document	<input type="checkbox"/>
Copy of Drivers License	<input type="checkbox"/>

Date Submitted: 9/22/23

Fax to : 901-692-9499

email to: applications@impactpays.net



Version:007.16

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Hampton Inn Vicksburg		Website:	
Business Legal Name: Warren County Lodging LLC		Contact Name: Bhupendra Patel	
Contact Name: Bhupendra Patel		Contact Phone Number: 662-205-4031	
Physical Address: 3330 Clay St		City, State, Zip: Vicksburg Ms 39183	
Email Address: Sloan@wealthhg.com		Phone #: 601-636-6100	
Billing Address: 1020 N Glaster St #110		City, State, Zip: Tupelo Ms 38804	
Biz Phone #:	Biz Fax #:	EIN/Tax ID #:	87-4558864

**Business Type**

Corporation - Pick One: LLL	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: .
Account #: 2000111368	Do you dial 9 for outside line? .

**Estimated Sales Volume**

**Terminal Type:**

Estimated Annual Sales (All sales) \$3.3 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:
--	------------------	-----------------

**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: