


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>		email to:			
Business Verification Document <input type="checkbox"/>		applications@impactpays.net			
Copy of Drivers License <input type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name: Nawabs

Business Legal Name: SVCC LLC

Contact Name: Hari Vankadara Contact Phone Number: 901 338 4263

Physical Address: 3750 S Houston Ave City, State, Zip: Collierville 38017

Phone Number: _____ Fax Number: _____

Email Address: harymca@gmail.com Website: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Business Type

Corporation - circle one: Private or Public Business Start Date: 03/21

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other None

Sole Prop Other: _____ EIN/Federal Tax ID# 86-2288405 Print Refund Policy on Footer: Yes No

Partnership _____ Types of Goods Sold: _____ (If yes input message in notes)

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

Officer/Owners Name: Hari Vankadara Title: owner Social Security: _____

Home Address: 10921 Redstone dr City, State, Zip Code: _____

Drivers License#: _____ Expiration Date: _____ State: _____

DOB: 01/13/79 Home Phone Number: _____

% of Business Owned: _____ % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
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Name of Bank: <u>Bank of America</u>	Batch Out Time: _____
ABA Routing #: <u>084300603</u>	Communication Method: IP-internet or Dial-phone
Account #: <u>17288769</u>	Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales) \$	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 \$	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: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %	POS Software Integration: Yes No
Traditional IBUX SimpleBux PrimeBux	Software Name & Version: _____
Notes: _____	MP/AP Name: _____
	RP Name: _____
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____

Receipt Footer Message: _____