

Attached Document Checklist  
 Voided Check   
 Copy of Drivers License

Fax to : 901-692-9499  
 email to:  
 statements@impactpays.net



Merchant Application Submission Form

Merchant DBA Name: Endville Express LLC  
 Merchant Legal Name: Yaser Alzouiry  
 Physical Address: 23 Endville Rd. City: Belden  
 State: MS Zip: 38826  
 Phone Number: 662-840-8524 Fax Number:  
 Email Address: avouarfat1998@gmail.com Website:  
 Billing Address: 23 Endville Rd. City: Belden  
 State: MS Zip: 38826

Business Type

Corporation State: MS Date Incorporated: 03/01/15  
 Limited Liability % of Business Owned: 50 %  
 Sole Prop  
 Partnership  Other  
 Federal Tax ID# 47-3426190 Business Start Date 03/01/15

Ownership Information

Officer/Owners Name: Yaser Alzouiry Social Security 062-80-4308  
 Home Address: 10261 Hwy 9N City: Belden State: MS  
 Drivers License#: Expiration Date: State:  
 DOB 09/10/75

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)  
 Name of Bank First Choice Bank  
 City Pontotoc State MS Zip 38863  
 ABA Routing # 084202073  
 Account # 0157568

Estimated Sales Volume

Terminal Configuration

Estimated Annual Sales (All sales) \$ 1.6 mill  
 Estimated Visa/MC/Discover Sales \$  
 Estimated Amex Sales \$  
 Average Ticket \$ 30.00  
 \*\*Highest Ticket \$ 400.00

% Card Swiped	%
% Card Keyed In	%
% Card Present	%
% Card Not Present	%
% MOTO	%
% Internet	%
% B2B	%
% International Cards	%

Batch Time:  
 Communication Method:  
 Dial  IP-Internet   
 Do you dial 9 for outside line?  
 Terminal Type  
 Equipment Purchase   
 Equipment Replacement Program   
 PIN Debit Pin Pad   
 POS SOFTWARE   
 Software Name  
 Version

Managing Partner

Managing Partner Name  
 Date Submitted

Internal Use Only

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item: