

Voiced Check   
 Copy of Drivers License

email to:  
statements@impactpays.net



Merchant Application Submission Form

**Merchant DBA Name:** Smithville Quick Stop  
**Merchant Legal Name:** MaHraan Hasson  
**Physical Address:** 63490 Hwy 2 S N  
**City:** Smithville  
**State:** MS **Zip:** 38870  
**Phone Number:** 662-651-4241 **Fax Number:**  
**Email Address:** **Website:**  
**Billing Address:** Same **City:**  
**State:** **Zip:**

Corporation  
 Limited Liability  
 Sole Prop  
 Partnership  
 Other  
**State:** MS **Date Incorporated:** 4/2018  
**% of Business Owned:** 50 %  
**Federal Tax ID#** 45-9990023 **Business Start Date** 4/2018

**Officer/Owners Name:** **Social Security** 10202-1438  
**Home Address:** Same **City:** **State:**  
**Drivers License#:** **Expiration Date:** **State:**  
**DOB** 7/2/91

**Banking Information**  
**Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)**  
**Name of Bank** First American National Bank  
**City** Fulton **State** MS **Zip** 38843  
**ABA Routing #** 084201058  
**Account #** 177083

Estimated Sales Volume		Terminal Configuration	
Estimated Annual Sales (All sales)	\$ 360,000	Batch Time:	
Estimated Visa/MC/Discover Sales	\$	Communication Method:	
Estimated Amex Sales	\$	Dial <input type="checkbox"/> IP-Internet <input type="checkbox"/>	
Average Ticket	\$ 150.00	Do you dial 9 for outside line?	
**Highest Ticket	\$ 250.00	Terminal Type	
% Card Swiped	100%	Equipment Purchase	<input type="checkbox"/>
% Card Keyed In	0	Equipment Replacement Program	<input type="checkbox"/>
% Card Present		PIN Debit Pin Pad	<input type="checkbox"/>
% Card Not Present		POS SOFTWARE	<input type="checkbox"/>
% MOTO		Software Name	
% Internet		Version	
% B2B			
% International Cards			

EBT Machine

**Managing Partner**  
**Managing Partner Name**  
**Date Submitted**

**Internal Use Only**  
**Date Received:** **IC + :** **PCI:** **Minimum:**  
**Date Keyed:** **Trans Fee:** **Statement:** **Chargeback:**