

Ghost Sheet

In order to get our Merchants, set up seamlessly and effortlessly we need as much information as you can upfront. Please fill out all applicable fields.

I	☐ How does the merchant process cards today? ✓
	□ Terminal: ▼ Yes □ No Make/ Model: Verifore \$ 1520
	□ POS System? □ Yes INNO Name:
	☐ Payment Gateway or Online Shopping Cart? (such as Auth.net, USA ePay, Shopify etc.)
	☐ Yes ☐ No Name:
	☐ Any other Software?
	☐ Does the Merchant want to keep their current equipment? ☐ Yes ☐ No
	☐ Front & Back picture of terminal attached
	☐ Line of communication: Is Merchant using IP (Internet wire connected to the internet
	router) or Dial (phone line) for internet access? ☐ IP
	☐ Does Merchant accept Gift Cards or want to accept them? ☐ Yes ☐ No ☐ Wants
	☐ Does Merchant have a need for ACH reoccurring billing ☐ Yes ☐ No ☐ Wants
	☐ Does Merchant need Next Day Funding ☑ Yes ☐ No ☐ Wants

Attached Document Checklist		Fax to : 901-692-9499	4
Voided Check		email to:	PIADACE
Copy of Drivers License		statements@impactpays.net	IMPACT
			PATMENT PARTNERS —
	Merchant Ann	lication Submission Form	
Merchant DBA Name: 60 K	11)11/ 50	LV	
	WIR A		•
Merchant Legal Name:			
Physical Address: 416 E	MAINIS	STREET	City: FULTON
State: MS	Zip: 388		
Phone Number: 662-867	-2858	Fax Number: 462 8	62-4553
Email Address: Mahraan	000		
	in Street	(II.COL)	city: Fulton
State: MS	Zip: 38	843	- Cold - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
		Business Type	
Corporation	State: MS	Date Incorpora	ated: 10-29-2013
Limited Liability	% of Busines		
Sole Prop			
Partnership Federal Tax ID# 4/6 - 39 \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other	Business Start Date 201	3
70-57819		Ownership Infromation	
Officer/Owners Name: YASER			80-4708
Home Address: 10261 14mg	991	City: Be 11	
Drivers License#:		Expiration Date:	State:
DOB 09-10-1975		-Aprilation Date.	
008 - (-10-11/5		Banking Information	
Bank Reference (a copy of a voide			bank is required)
Name of Bank First Americ			
T . 1 . 2		State MS	Zip 38843
City Tul ton		State 113	ZIP JO 0 (.)
ABA Routing # 0842010	36		
Account # 00 33 18 Estimated Sale	s Volume	Terminal Conf	figuration
Esitimated Annual Sales (All sales)		\$ 60,000 Batch Time:	
Esitmated Visa/MC/Discover Sales		Communication	
Estimated Amex Sales		Dial 🗖	IP-Internet
Average Ticket			or outside line?
*Highest Ticket		Terminal Type Equipment Pur	
% Card Swi	ped 95 %		placement Program
% Card Keye		PIN Debit Pin I	
%Card Pres		POS SOFTWA	
% Card Not Pres	sent %	Software Name	e
% MC		The second	Version
% Inte			
% International Ca	B2B % ards %		
	11 76 T	7	
Managing Partner Managing Partner Name	+ June Ham	olio	
Date Submitted	TANK TENNO	VIII V	The project of the same of
	THE RESERVE OF THE PARTY OF THE	ernal Use Only	
	HIL		
Date Received;	IC+:	PCI:	Minimum:
Date Received; Date Keyed; Date Approved;	the Company of the Co	PCI: Statement: Gateway:	Minimum: Chargeback: Return Item:



ALZOBIRY, YASER SALEH

Lic No. **801613278** Expires: **09-10-2021**Issue Date Birth Date Wt. Sex Ht. **09-09-2013 09-10-1975 155 M 5-05**

Class Restrictions R

Endorsements

770152113

, YASER SALEH ALZOBIRY, YASER 10261 HWY 9 N BELDEN, MS 38826

	KWIK SAK LLC 10-13 416 EAST MAIN STREET 662-862-2858 FULTON, MS 38843	
PAY		DATE
PAY TO THE OADER OF		
<u> </u>	FIRST AMERICAN NATIONAL BANK FULTON, MISSISSIPPI 38843 MEMBER FDIC	
FOR	"*OO 2 3 1 8 " *: O 8 4 2 O 1 O 5 B 1:	17m4319m
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