

Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net			
Business Verification Document	<input type="checkbox"/>	3/14/2022				
Copy of Drivers License	<input checked="" type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:	Advanced Dental Implant & TMJ Center					
Business Legal Name:	Jaya L Dental Arts, PLLC	Website:	www.advanceddentaltmj.com			
Contact Name:	Brittany Hanlon	Contact Phone Number:	662.655.4868			
Physical Address:	7135 Getwell Road, Suite 100	City, State, Zip:	Southaven, MS 38672			
Email Address:	officemanager@adatmj.com	Phone #:	662.655.4868			
Billing Address:	7135 Getwell Road, Suite 100	City, State, Zip:	Southaven, MS 38672			
Biz Phone #:	662.655.4868	Biz Fax #:	662.727.4099	EIN/Tax ID #:	475516073	
Business Type						
Corporation - Pick One:	Private <input type="checkbox"/>	Type:	LLC <input type="checkbox"/>	Bus Open Date:	1/25/2016	
Refund Policy:	None <input type="checkbox"/>	Print Policy:	No <input type="checkbox"/>	(If yes input refund message)		
Types of Goods Sold:						
Specialty Dental Services						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:	Dr. Pradeep Adatrow		Title:	Dentist/Owner	Social Security:	
Home Address:	1100 River Green Drive		City, State, Zip Code:	Memphis, TN 38120		
Drivers License#:	117427013	Exp Date:	12/12/2024	State Issued:	TN	
DOB:	1/13/1977	Home Phone#:	9014054776			
% of Business Owned:	90 %	Length of Ownership:	6			
Banking Information ** No starter checks or deposit slips accepted **			Terminal Questions (Circle your answer)			
Name of Bank	Independent Bank		Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #	084008426		Communication Method: IP-Internet (Wired) <input type="checkbox"/>			
Account #	3051897		Do you dial 9 for outside line? IP-Internet <input type="checkbox"/>			
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales)	\$4221239.95		Reprogram Terminal: .			
Estimated Visa/MC/Discover Sales	\$2046135.51		Equipment Purchase: .			
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$116392.56		Equip. Rental Program: Yes <input type="checkbox"/>			
Average Ticket	\$500		Next Day Funding: Yes <input type="checkbox"/>			
High Ticket	\$10000		Tip Edit: .			
First two sections must equal 100% respectively			EBT:	No <input type="checkbox"/>	FNS Number:	
Card Swiped: 75 %	Card Keyed In: 25 %	=100% 0		Tax Calculation:		If so tax rate:
Card Present: 75 %	Card Not Present 25 %	=100% 0		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:						