

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 checked="" type="checkbox"/>	2/5/24									
Copy of Drivers License	<input checked="" type="checkbox"/>										
IMPACT PAYSYSTEM											
Merchant Application Submission Form											
Merchant (Business) DBA Name: <i>Thomas Street Liquors</i>											
Business Legal Name: <i>Thomas Liquors LLC</i>			Website:								
Contact Name: <i>Rishi Chopra</i>		Contact Phone Number: <i>901-289-9769</i>									
Physical Address: <i>956 Thomas Street</i>		City, State, Zip: <i>Memphis TN 38107</i>									
Email Address: <i>Rishi52083@hotmail.com</i>			Phone #:								
Billing Address: <i>1952 East Shelby Drive</i>		City, State, Zip: <i>Memphis TN 38116</i>									
Biz Phone #: <i>901-527-2455</i>		Biz Fax #:		EIN/Tax ID #: <i>93-3646747</i>							
Business Type											
Corporation - Pick One: <i>LLC</i>		Type:	Bus Open Date:								
Refund Policy:		Print Policy:		(If yes input refund message)							
Types of Goods Sold: <i>Liquor Store</i>											
Convenience Store											
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form											
Officer/Owners Name: <i>Rishi Chopra</i>		Title: <i>President</i>		Social Security: <i>412-59-2198</i>							
Home Address: <i>423 Pine Grove Dr.</i>		City, State, Zip Code: <i>Collierville TN 38017</i>									
Drivers License#: <i>092429385</i>		Exp Date: <i>4/30/26</i>		State Issued: <i>TN</i>							
DOB: <i>5/20/83</i>		Home Phone#: <i>901-289-9769</i>									
% of Business Owned: <i>51</i> %		Length of Ownership:									
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)								
Name of Bank: <i>Regions</i>		Batch Out Time (for nextday funding 7:00 PM): <i>1:00 AM</i>									
ABA Routing #: <i>064000017</i>		Communication Method: .									
Account #: <i>0343948308</i>		Do you dial 9 for outside line? .									
Estimated Sales Volume			Terminal Type:								
Estimated Annual Sales (All sales) \$ <i>1.4 million</i>		Reprogram Terminal: .									
Estimated Visa/MC/Discover Sales \$		Equipment Purchase: .									
Estimated Monthly Visa/MC/Discover/AMEX Sales \$		Equip. Rental Program: .									
Average Ticket \$		Next Day Funding: .									
High Ticket \$		Tip Edit: .									
First two sections must equal 100% respectively			EBT: .		FNS Number:						
Card Swiped: %	Card Keyed In: %	= 100% ⁰		Tax Calculation:		If so tax rate:					
Card Present: %	Card Not Present: %	= 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:											