


<b>Attached Required Document Checklist</b>		Date	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>	Submitted:	email to:			
Business Verification Document <input checked="" type="checkbox"/>		applications@impactpays.net			
Copy of Drivers License <input checked="" type="checkbox"/>	20-01-23				
<b>Merchant Application Submission Form</b>					
Merchant (Business) DBA Name: <b>TELECARE LLC</b>					
Business Legal Name: <b>TELECARE LLC</b>					
Contact Name: <b>5514499944</b>		Contact Phone Number: <b>5514499944</b>			
Physical Address: <b>4719 ROSSFORD CIR</b>		City, State, Zip: <b>ROSEDALE MD 21237</b>			
Phone Number: <b>5514499944</b>		Fax Number:			
Email Address: <b>Fahadaliyasir8@gmail.com</b>			Website: <b>www.ustelecarellc.com</b>		
Billing Address: <b>4719 Rossford cir</b>				City: <b>Rosedale</b>	
State: <b>maryland</b>		Zip: <b>21237</b>			
<b>Business Type</b>					
Corporation - circle one: <b>Private</b> or Public <small>private</small>			Business Start Date:		
LLC - circle one: C corp S corp P partner D disregarded entity			Refund Policy: 30 days 60 days Other None		
Sole Prop Other: <b>LLC</b>		EIN/Federal Tax ID# <b>92-1143195</b>		Print Refund Policy on Footer: Yes No	
Partnership		Types of Goods Sold: <b>Ecommerce</b>		(If yes input message in notes)	
<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>					
Officer/Owners Name: <b>Fahadali yasir</b>		Title: <b>MR</b>		Social Security: <b>220-67-9950</b>	
Home Address: <b>4719 Roseford cir</b>		City, State, Zip Code: <b>rosedale</b>			
Drivers License#: <b>MD-10272125110</b>		Expiration Date: <b>01-29-2025</b>		State: <b>Maryland</b>	
DOB: <b>11-30--2003</b>		Home Phone Number:			
% of Business Owned: <b>100</b> %		Length of Ownership:			
<b>Banking Information ** No starter checks or deposit slips accepted**</b>			<b>Terminal Questions (Circle your answer)</b>		
Name of Bank <b>Choice Financial Group</b>			Batch Out Time:		
ABA Routing # <b>091311229</b>			Communication Method: IP-internet or Dial-phone		
Account # <b>202305485736</b>			Do you dial 9 for outside line? Yes No		
<b>Estimated Sales Volume</b>			<b>Terminal Type:</b>		
Estimated Annual Sales (All sales)		<b>\$ 100,000</b>	Reprogram Terminal:		Yes No
Estimated Visa/MC/Discover Sales		<b>\$ 25000</b>	Equipment Purchase:		Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales		<b>\$ 30,000</b>	Equipment Rental Program:		Yes No
Average Ticket		<b>\$ 199.99</b>	Next Day Funding:		Yes No
High Ticket		<b>\$ 499.99</b>	Tip Edit:		Yes No
<b>First two sections must equal 100% respectively</b>			EBT: Yes No FNS Number:		
Card Swiped:	% Card Keyed In:	% = 100%			
Card Present:	% Card Not Present	% =100%			
MOTO: % Internet: %			Tax Calculation: Yes No If so tax rate: _____%		
Traditional IBUXX SimpleBuxx PrimeBuxx			<b>Software or POS Integration Questions Only</b>		
Notes:			POS Software Integration: Yes No		
			Software Name & Version:		
			MP/AP Name:		
			RP Name:		
			Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:					
Receipt Footer Message:					