Attached Required Document Che	cklist				VE III			
Voided Check	Date Fax Submitted:			to: 901-692-9499		3	Version:007.16	
Business Verification Document	1/12/24			email to:		PIA	ADACT	
Copy of Drivers License		applications@impactpays.net					PAYSYSTEM	
Merchant Application Submission Form								
Merchant (Business) DBA Name: Oeluxe Fan + Suites								
Business Legal Name:	Vayuder Inc			Website:				
Contact Name:	Jatin Kuner			Contact Phone Number:		201-0	30-4720	
Physical Address:	3456 Lamas Ave		City, State, Zip:					
Email Address:	JKumar 901@gmail. com				Phone #	7N 38/18		
Billing Address:	Same			City, State, Zip:		Sall Marie III		
Biz Phone #:	June	Biz Fax #:		4505		FIN/Tay ID#	20-0368865	
	TO STATE		Business	Type		LINTIAN ID#.	20-0368863	
Corporation - Pick One:		Type:		Bus Open Date:				
Refund Policy:			7.0			refund message)		
Types of Goods Sold:	Print Policy:							
Convenience Store	PEI							
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form								
Officer/Owners Name:	The second second		THE PERSON NAMED IN	The latest day of the sand	· · · · · · · · · · · · · · · · · · ·	SWIND OF THE RESIDENCE	rm	
	241	. / 1				ocial Security:		
Home Address:			/	City, State, Zip Code:			- TN 38138	
Drivers License#:	1.1	10	Exp Date:	11-1-		State Issued:	TN	
DOB:		78	Home Phone#: h of Ownership:	901-830-4720				
% of Business Owned:								
	** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)			
Name of Bank		nons Ban	Batch Out Time (for nextday funding 7:00 PM):					
	0 0 100 11 00			Communication Method: -				
	Account # 00 150 150 27			Do you dial 9 for outside line?				
Estimated Sales Volume			Terminal Type:					
Estimated Annual Sales (All sales) \$ \(\frac{1}{2} \logo 0 \), \(\infty \infty 0 \), \(\infty \infty 0 \), \(\infty \infty 0 \), \(\infty			Reprogram Terminal:					
Estimated Visa/MC/Discover Sales \$			Equipment Purchase:		SOUTH BU	TO STATE OF THE ST		
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$				Equip. Rental Program:		· v Bussin		
Average Ticket \$			Next Day Funding:		KONST. T. Y			
		High Ticket	\$		Tip Edit:			
First two sections mus	st equal 10	00% respective	ely	EBT:		FNS Number:	GO STORE STATE	
Card Swiped: % Card Ke	yed In:	% = 100	0 %	Tax Calculation:			If so tax rate:	
Card Present: % Card Not Present % =100% 0				Softwa	are or POS	Integration Qu	uestions Only	
MOTO: % Internet: %				POS Software Integration:				
Program Type:				Software Name & Version:				
Notes:				MP/AP Name:				
				RP Name:				
				Pricing Provided:		aga ou	75.	
Receipt Header Message:								
Receipt Footer Message:			THE REAL PROPERTY.					