Attached Required Document Che	cklist Date		Fax	Fax to: 901-692-9499		ے	Version:007.16	
Voided Check	Submitted:			email to:			ADACT	
Business Verification Document	annlications@impactnavs net				NPACT			
Copy of Drivers License							PAYSYSTEM	
Merchant (Business) DRA Name: Keto5								
Merchant (Business) DBA Name: Keto5								
Business Legal Name:	·			Website:				
Contact Name:	Stephen Drimmer			Contact Phone Number:		310-704-8267		
Physical Address:	300 South Beverly Drive			City, State, Zip:		Beverly Hills, CA 90212		
Email Address:	steve@keto5.com					Phone #:	310-704-8267	
Billing Address:	same			City, State, Zip:				
Biz Phone #:	(424) 394-0922		Biz Fax #:			EIN/Tax ID#:	815356943	
Business Type								
Corporation - Pick One:	Private <b>Type:</b> S-Corp			Bus Open Date: 01/15/2017				
Refund Policy:	Other	•	Print Policy:	169		refund message)		
Types of Goods Sold:	Will accept returns for any unopened product returned to us for full refund including shipping							
Wholesale keto products to medic	and handling.							
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form								
Officer/Owners Name:	Stephen	Stephen Drimmer		Title: COO		Social Security:	082384088	
Home Address:	2088 Ridge Point Drive		City, State, Zip Code:		Los Angeles,	CA 90049		
Drivers License#:	N3602128 Exp		Exp Date:	12/05/2024		State Issued:	CA	
DOB:	12/05/1945		Home Phone#:	310-704-8267				
% of Business Owned:	52 % Length of Ownershi		n of Ownership:	7				
Banking Information ** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)				
Name of Bank	Citizens Business Bank <sub>THIS</sub> IS Deposit			Batch Out Time (for nextday funding 7:00 PM):				
ABA Routing #	account, they			Communication Mo	ommunication Method: -			
Account #	8911037	391103780 for debits Do you dial 9 for outside lin				e? .		
Estimated Sales Volume				Terminal Type: Beadpay - we will set up				
Estimated Annual Sales (All sales) \$			\$	Reprogram Terminal:				
Estimated Visa/MC/Discover Sales \$			\$	Equipment Purchase:				
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 130,000.0			\$ 130,000.00	Equip. Rental Program:				
Average Ticket \$85.00				Next Day Funding:		Yes		
High Ticket \$ 1000.00				Tip Edit:				
First two sections must equal 100% respectively			ely	EBT:		FNS Number:	1	
Card Swiped: % Card Keyed In: 100 % = 100% 100				Tax Calculation:			If so tax rate:	
Card Present: % Card Not Present 100 % =100% 100				Softwa	are or POS	Integration Qu	uestions Only	
MOTO: % Internet: 100 %				POS Software Integration:				
Program Type: ·				Software Name & Version:				
Notes:				MP/AP Name:				
				RP Name:				
				Pricing Provided:				
Receipt Header Message:								
Receipt Footer Message:								