


Attached Required Document Checklist		Date Submitted: <u>8-8-22</u>	Fax to: 901-692-9499		Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: <u>applications@impactpays.net</u>			
Copy of Drivers License <input checked="" type="checkbox"/>					

Merchant Application Submission Form

Merchant (Business) DBA Name: Friendship Partners
 Business Legal Name: Friendship Partners
 Contact Name: Mutti, Narinder S. Contact Phone Number: 731-803-9442
 Physical Address: 9013 45 412 City, State, Zip: Friendship TN
 Phone Number: _____ Fax Number: _____
 Email Address: Bathurs555@gmail.com Website: _____
 Billing Address: 35 Rochester Ct City: Jackson
 State: TN Zip: 38305

Business Type

Corporation - circle one: Private or Public
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other: _____ Partnership _____
 EIN/Federal Tax ID# 78-3209222
 Types of Goods Sold: Convenience/gas
 Business Start Date: 8-12-22
 Refund Policy: 30 days 60 days Other None
 Print Refund Policy on Footer: Yes No
 (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Narinder S. Mutti Title: owner Social Security: morgan tax
 Home Address: 35 Rochester Ct City, State, Zip Code: Jackson TN 38305
 Drivers License#: 134924284 Expiration Date: 7-7-28 State: TN
 DOB: 7/15/83 Home Phone Number: _____
 % of Business Owned: 100 % Length of Ownership: _____

Banking Information ** No starter checks or deposit slips accepted** Terminal Questions (Circle your answer)

Name of Bank: Simmons Bank Batch Out Time: 7pm
 ABA Routing #: 082900432 Communication Method: IP-internet or Dial-phone
 Account #: 136581695 Do you dial 9 for outside line? Yes No

Estimated Sales Volume	Terminal Type:
Estimated Annual Sales (All sales) \$ _____	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales \$ _____	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ _____	Equipment Rental Program: Yes No
Average Ticket \$ <u>25</u>	Next Day Funding: Yes No
High Ticket \$ <u>1200</u>	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 99 % Card Keyed In: 1 % = 100%
 Card Present: 100 % Card Not Present: 0 % = 100%
 EBT: Yes No FNS Number: _____
 Tax Calculation: Yes No If so tax rate: _____ %

MOTO: % Internet: %
 Traditional IBUX SimpleBux PrimeBux
 Software or POS Integration Questions Only
 POS Software Integration: Yes No
 Software Name & Version: Topaz

Notes: Customer pays for fuel inside store
 MP/AP Name: Tricia
 RP Name: _____
 Pricing Provided: Statement Analysis or Quote

Receipt Header Message: _____
 Receipt Footer Message: _____