

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

Merchant Application Submission Form

Merchant (Business) DBA Name: SQRL # 322

Business Legal Name: SQRL Service Stations LLC

Contact Name: Nash Karawadra or Mariah Bozarth **Contact Phone Number:**

Physical Address: 709 S. Broad Street **City, State, Zip:** Brookville, FL 34601

Phone Number: 501-349-3415 **Fax Number:**

Email Address: mariah@sqrlholdings.com **Website:**

Billing Address: 27 Rahling Circle Suite C **City:** Little Rock

State: AR **Zip:** 72223

Business Type

Corporation - circle one: Private or Public

- circle one: C corp S corp P partner D disregarded entity

Business Start Date: 2/1/23

Refund Policy: 30 days 60 days Other None

Sole Prop Other: **EIN/Federal Tax ID#** 88-1480256 **Print Refund Policy on Footer:** Yes No

Partnership **Types of Goods Sold:** C store (If yes input message in notes)

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

Officer/Owners Name: Adam Lusthaus **Title:** Owner **Social Security:** 084-68-6740

Home Address: 17595 Rainstream Road **City, State, Zip Code:** Boca Raton, FL

Drivers License#: L232013813320 **Expiration Date:** 09/12/1928 **State:** FL

DOB: 9/12/1981 **Home Phone Number:** 501-349-3415

% of Business Owned: 51 % **Length of Ownership:** 2 yrs

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
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Name of Bank Stone Bank	Batch Out Time: 7:30 PM CST
ABA Routing # 082907781	Communication Method: IP-Internet <input checked="" type="checkbox"/> or Dial-phone
Account # 21516085	Do you dial 9 for outside line? Yes No

Estimated Sales Volume

Estimated Annual Sales (All sales) \$ 750,000	Terminal Type: Valor VP100 & VP300
Estimated Visa/MC/Discover Sales \$	Reprogram Terminal: Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ 30,000	Equipment Purchase: Yes No
Average Ticket \$ 35	Equipment Rental Program: Yes No
High Ticket \$ 750	Next Day Funding: Yes No
	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: 98 % Card Keyed In: 2 % = 100%	EBT: <input checked="" type="checkbox"/> No FNS Number:
Card Present: 100 % Card Not Present % =100%	Tax Calculation: Yes No If so tax rate: _____ %

Software or POS Integration Questions Only

MOTO: % Internet: %	POS Software Integration: Yes No
Traditional <input checked="" type="checkbox"/> IBUXX SimpleBuxx PrimeBuxx	Software Name & Version:
Notes: Tsys Var Monthly Fee: \$8.00	MP/AP Name: Nash Karawadra
V/MC/D IC 0.10% + \$0.10 Rental: \$29.95	RP Name:
Amex IC 0.20% + \$0.10 Batch Fee \$0.10	Pricing Provided: Statement Analysis or Quote
Pin Debit IC 0.10% + \$0.10 EBT \$0.20	

Receipt Header Message:

Receipt Footer Message: