

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 # 504
Business Legal Name:	SQRL Service Stations LLC
Contact Name:	Nash Karawadra or Mariah Bozarth
Contact Phone Number:	
Physical Address:	10208 Petros Highway
City, State, Zip:	Oliver Springs, TN 37840
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	Business Start Date: 2/1/23
<input checked="" type="checkbox"/> - circle one: C corp S corp P partner D disregarded entity	Refund Policy: 30 days 60 days Other None
Sole Prop Other:	EIN/Federal Tax ID# 88-1480256
Partnership	Types of Goods Sold: C store
	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:	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:	<u>51</u> %	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	Reprogram Terminal:	Yes No
Estimated Visa/MC/Discover Sales	\$	Equipment Purchase:	Yes No
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 30,000	Equipment Rental Program:	Yes No
Average Ticket	\$ 35	Next Day Funding:	Yes No
High Ticket	\$ 750	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 <input type="checkbox"/> SimpleBuxx <input type="checkbox"/> PrimeBuxx <input type="checkbox"/>	Software Name & Version:
Notes: Tsys Var Monthly Fee: \$8.00 V/MC/D IC 0.10% + \$0.10 Rental: \$29.95 Amex IC 0.20% + \$0.10 Batch Fee \$0.10 Pin Debit IC 0.10% + \$0.10 EBT \$0.20	MP/AP Name: Nash Karawadra
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: