

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 #501	
Business Legal Name: SQRL Service Stations LLC	
Contact Name: Nash Karawadra or Mariah Bozarth	Contact Phone Number:
Physical Address: 4629 Navy Road	City, State, Zip: Millington, TN 38053
Phone Number: 501-349-3415	Fax Number:
Email Address: mariah@sqrholdings.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: 51%	Length of Ownership: 2 yrs	

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
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	Terminal Type: Valor VP100 & VP300
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	EBT: <input checked="" type="checkbox"/> No FNS Number:
Card Swiped: 98 % Card Keyed In: 2 % = 100%	Tax Calculation: Yes No If so tax rate: _____%
Card Present: 100 % Card Not Present % =100%	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: