


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version: 005
Voided Check <input type="checkbox"/>		email to: applications@impactpays.net			
Business Verification Document <input type="checkbox"/>					
Copy of Drivers License <input type="checkbox"/>					
Merchant Application Submission Form					
Merchant (Business) DBA Name: SQRL # 302					
Business Legal Name: SQRL Service Stations LLC					
Contact Name: Nash Karawadra or Mariah Bozarth		Contact Phone Number:			
Physical Address: 1501 34th Street S		City, State, Zip: St Petersburg, FL 33712			
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		Print Refund Policy on Footer:	
Partnership		Types of Goods Sold: C store		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)		
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			
<input checked="" type="checkbox"/> Traditional 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:					