


<b>Attached Required Document Checklist</b>		Date Submitted: <b>5-2-23</b>	Fax to: 901-692-9499	 Version: 005
Voided Check <input checked="" type="checkbox"/>	Business Verification Document <input checked="" type="checkbox"/>	email to: <b>applications@impactpays.net</b>		
Copy of Drivers License <input checked="" type="checkbox"/>				
<b>Merchant Application Submission Form</b>				
Merchant (Business) DBA Name: <b>Hilton Garden Inn</b>				
Business Legal Name: <b>NMS Hotels LLC</b>				
Contact Name: <b>Bhupendra Patel</b>		Contact Phone Number: <b>662-205-4031</b>		
Physical Address: <b>7890 Craft Goodman</b>		City, State, Zip: <b>Olivebranch MS 38654</b>		
Phone Number: <del>662-205-4031</del> <b>662-205-4031</b>		Fax Number: <b>662-932-7100</b>		
Email Address: <b>Sloan@wealthhg.com</b>		Website:		
Billing Address: <b>1020 N Gloster st #110</b>		City: <b>Tupelo</b>		
State: <b>MS</b>		Zip: <b>38804</b>		
<b>Business Type</b>				
Corporation - circle one: <b>Private</b> or Public		Business Start Date:		
LLC - circle one: <b>C corp</b> S corp P partner D disregarded entity		Refund Policy: 30 days 60 days Other None		
Sole Prop Other:		EIN/Federal Tax ID# <b>46-3750744</b>		Print Refund Policy on Footer: Yes No
Partnership		Types of Goods Sold: <b>Lodging</b>		(If yes input message in notes)
<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>				
Officer/Owners Name: <b>Bhupendra Patel</b>		Title: <b>Owner</b>		Social Security: <b>421-35-5737</b>
Home Address: <b>2749 Bayhill Woods Cir</b>		City, State, Zip Code: <b>Collierville TN 38017</b>		
Drivers License#: <b>143640281</b>		Expiration Date: <b>9/24/27</b>		State: <b>TN</b>
DOB: <b>9/13/78</b>		Home Phone Number: <b>662-205-4031</b>		
% of Business Owned: <b>51</b> %		Length of Ownership:		
<b>Banking Information ** No starter checks or deposit slips accepted **</b>		<b>Terminal Questions (Circle your answer)</b>		
Name of Bank: <b>Simmons Bank</b>		Batch Out Time:		
ABA Routing #: <b>082900432</b>		Communication Method: <b>IP-internet</b> or Dial-phone		
Account #: <b>3648303</b>		Do you dial 9 for outside line? Yes No		
<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>		
Estimated Annual Sales (All sales) <b>\$5.5 million</b>		Reprogram Terminal: Yes No		
Estimated Visa/MC/Discover Sales <b>\$</b>		Equipment Purchase: Yes No		
Estimated Monthly Visa/MC/Discover/AMEX Sales <b>\$</b>		Equipment Rental Program: Yes No		
Average Ticket <b>\$</b>		Next Day Funding: Yes No		
High Ticket <b>\$</b>		Tip Edit: Yes No		
<b>First two sections must equal 100% respectively</b>		EBT: Yes No FNS Number:		
Card Swiped: %	Card Keyed In: % = 100%	Tax Calculation: Yes No If so tax rate: %		
Card Present: %	Card Not Present: % = 100%	<b>Software or POS Integration Questions Only</b>		
MOTO: %	Internet: %	POS Software Integration: <b>Yes</b> No		
<b>Traditional</b> IBUXX SimpleBuxx PrimeBuxx		Software Name & Version:		
Notes:		MP/AP Name:		
		RP Name:		
		Pricing Provided: Statement Analysis or Quote		
Receipt Header Message:				
Receipt Footer Message:				

