


Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check <input type="checkbox"/>	Submitted:	email to: applications@impactpays.net	Version: 005	
Business Verification Document <input type="checkbox"/>	2/17/23			
Copy of Drivers License <input type="checkbox"/>				

Merchant Application Submission Form

Merchant (Business) DBA Name: Holiday Inn & Suites Tupelo North

Business Legal Name: LEEB 1, LLC

Contact Name: Bruce Patel/Sloan Holley Contact Phone Number: 662-205-4031

Physical Address: 923 N. Gloster St. City, State, Zip: Tupelo MS 38804

Phone Number: 662-269-0096 Fax Number:

Email Address: Sloan@wealthhg.com Website:

Billing Address: 1020 North Gloster Street #110 City: Tupelo

State: MS Zip: 38804

Business Type

Corporation - circle one: Private or Public

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

Sole Prop Other: Partnership

EIN/Federal Tax ID# 45-2589932

Types of Goods Sold: Hotel

Business Start Date:

Refund Policy: 30 days 60 days Other None

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: Bhupendra Patel Title: owner Social Security: 421-35-5737

Home Address: 2749 Bayhill Woods Ct City, State, Zip Code: Collierville TN 38017

Drivers License#: 143640281 Expiration Date: 9/24/2027 State: TN

DOB: 9/13/1978 Home Phone Number: 662-205-4031

% of Business Owned: 51 % Length of Ownership:

Banking Information ** No starter checks or deposit slips accepted**	Terminal Questions (Circle your answer)
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Name of Bank: <u>Renaissance Bank</u>	Batch Out Time:
ABA Routing #: <u>084201294</u>	Communication Method: <input checked="" type="radio"/> IP-internet or <input type="radio"/> Dial-phone
Account #: <u>0900.394408</u>	Do you dial 9 for outside line? Yes No

Estimated Sales Volume	Terminal Type:
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Estimated Annual Sales (All sales) <u>\$4 million</u>	Reprogram Terminal: Yes No
Estimated Visa/MC/Discover Sales	Equipment Purchase: Yes No
Estimated Monthly Visa/MC/Discover/AMEX Sales <u>\$350K</u>	Equipment Rental Program: Yes No
Average Ticket <u>\$500.00</u>	Next Day Funding: <input checked="" type="radio"/> Yes No
High Ticket <u>\$5000.00</u>	Tip Edit: Yes No

First two sections must equal 100% respectively

Card Swiped: <u>75</u> % Card Keyed In: % = 100%	EBT: Yes <input checked="" type="radio"/> No FNS Number:
Card Present: % Card Not Present <u>25</u> % = 100%	Tax Calculation: Yes No If so tax rate: %

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: <u>Software</u>	MP/AP Name:
	RP Name:
	Pricing Provided: Statement Analysis or Quote

Receipt Header Message:

Receipt Footer Message: