


<b>Attached Required Document Checklist</b> Voided Check <input checked="" type="checkbox"/> Business Verification Document <input type="checkbox"/> Copy of Drivers License <input checked="" type="checkbox"/>		Date Submitted: 11/2/22 Fax to: 901-692-9499 email to: applications@impactpays.net	 Version: 005
<b>Merchant Application Submission Form</b>			
Merchant (Business) DBA Name: Budget Host Inn + Suites			
Business Legal Name: Meridian Hospitality LLC			
Contact Name: Rishi Chopra		Contact Phone Number: 901-289-9769	
Physical Address: 2745 Airways Blvd		City, State, Zip: Memphis TN 38132	
Phone Number: 901-396-1000		Fax Number:	
Email Address: Rishi.52083@Hotmail.com		Website:	
Billing Address:		City:	
State:		Zip:	
<b>Business Type</b>			
Corporation - circle one: Private or Public		Business Start Date:	
<input checked="" type="radio"/> LLC 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# 26-1384874	
Partnership		Types of Goods Sold: Hotel	
		Print Refund Policy on Footer: Yes No (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: Rishi Chopra		Title: Social Security: 412-59-2198	
Home Address: 423 Pine Grove Dr.		City, State, Zip Code: Collierville TN 38017	
Drivers License#:		Expiration Date: State: TN	
DOB: 5/20/83		Home Phone Number:	
% of Business Owned: %		Length of Ownership: 10 yrs	
Banking Information ** No starter checks or deposit slips accepted**		Terminal Questions (Circle your answer)	
Name of Bank: First National Bank + Trust		Batch Out Time:	
ABA Routing #: 084101417		Communication Method: <input checked="" type="checkbox"/> IP-internet or <input type="checkbox"/> Dial-phone	
Account #:		Do you dial 9 for outside line? Yes No	
<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>	
Estimated Annual Sales (All sales) \$ 500,000		Reprogram Terminal: Yes No	
Estimated Visa/MC/Discover Sales \$		Equipment Purchase: Yes No	
Estimated Monthly Visa/MC/Discover/AMEX Sales \$ 41,000		Equipment Rental Program: Yes No	
Average Ticket \$		Next Day Funding: Yes No	
High Ticket \$		Tip Edit: Yes No	
First two sections must equal 100% respectively		EBT: Yes <input checked="" type="checkbox"/> 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: Yes No	
<input checked="" type="checkbox"/> Traditional <input type="checkbox"/> IBUX <input type="checkbox"/> SimpleBux <input type="checkbox"/> PrimeBux		Software Name & Version:	
Notes:		MP/AP Name:	
		RP Name:	
		Pricing Provided: Statement Analysis or Quote	
Receipt Header Message:			
Receipt Footer Message:			