

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 # 712	
Business Legal Name: SQRL Service Stations LLC	
Contact Name: Nash Karawadra or Mariah Bozarth	Contact Phone Number:
Physical Address: 320 E Mill Street	City, State, Zip: Plymouth, WI 53073
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:	Print Refund Policy on Footer: Yes No (If yes input message in notes)
Partnership	EIN/Federal Tax ID# 88-1480256	
Types of Goods Sold: C store		

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)
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Name of Bank Stone Bank	Batch Out Time: 7:30 PM CST
ABA Routing # 082907781	Communication Method: IP-Internet or Dial-phone
Account # 21516085	Do you dial 9 for outside line? Yes No

Estimated Sales Volume

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

Card Swiped: 98 % Card Keyed In: 2 % = 100%	EBT: <input checked="" type="checkbox"/> No FNS Number:
Card Present: 100 % Card Not Present % =100%	Tax Calculation: Yes No If so tax rate: _____ %

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: