| Attached Required Document Checklist | Date | Fax to : 901-69 | 92-9499 | | |
|---|------------------------------------|----------------------|---|---|--------------|
| Voided Check Business Verification Document | Submitted: | | email to: | | - |
| Copy of Drivers License | | application | ns@impactpays.net | - PAYMENT PARTNERS - | Version: 005 |
| | Mercha | ant Application S | ubmission Form | | |
| Merchant (Business) DBA Name: SQRL # 709 | | | | | |
| Business Legal Name: SQRL Service Stations LLC | | | | | |
| Contact Name: Nash Karawadra or Mariah Bozarth Contact Phone Number: | | | | | |
| Physical Address: 123 S Washington St City, State, Zip: Wyocena, WI 53954 | | | | | |
| 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 | | |
| LX - circle one: C corp S corp P part | ner Ddisreg | | | s 60 days Other Non | |
| Sole Prop Other: | EIN/Federa | | 1480256 | Print Refund Policy on Footer Yes No | : |
| Partnership | Types of Goo | ods Sold: C st | ore | (If yes input message in note | s) |
| 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 RoadCity, 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-Tyternet or Dial-phone | | |
| Account # 21516085 | | | Do you dial 9 for outside line? Yes No | | |
| Estimated Sales Vo | Terminal Type: Valor VP100 & VP300 | | | | |
| Estimated Annual Sales (All sales) § 750,000 | | | Reprogram Terminal: | Yes N | 0 |
| Estimated Visa/MC/Discover Sales \$ | | | Equipment Purchase: | Yes N | 0 |
| Estimated Monthly Visa/MC/Discover/AMEX Sales \$ 30,000 | | | Equipment Rental Prog | ram: Yes N | 0 |
| Average Ticket | | | Next Day Funding: | Yes N | 0 |
| High Ticket | | \$ 750 | Tip Edit: | Yes N | 0 |
| First two sections must equal 10 | EBT: Y | | | | |
| 1 70 7 | 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 | | |
| Traditional IBUXX SimpleBuxx PrimeBuxx | | | Software Name & Version: Nash Karawadra | | |
| 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 | | | | | |
| | | | RP Name: | | |
| Pin Debit IC 0.10% + \$0.10 E | Pricing Provided: State | ement Analysis or Qu | uote | | |
| Receipt Header Message: | | | | | |
| Receipt Footer Message: | | | | | |
| | | | | | |