Attached Required Document Che	Date			
Voided Check	V	Submitted:		
Business Verification Document	V	1/17/2024		
Copy of Drivers License	\			
		Merch		
Merchant (Business) DBA Name:	The Greater Bethesda			
Business Legal Name:	The Greater Bethesda			

Fax to: 901-692-9499



Business Verification Document		1/17/2024	email to: applications@impactpays.net				NPACT
Copy of Drivers License	Merchant Application Submission Form						
Merchant (Business) DBA Name:	ame: The Greater Bethesda Chamber of Commerce						
Business Legal Name:	The Greater Bethesda Chamber of Commerce Website:		Website:				
Contact Name:			Contact Phone Number:		301-768-2212		
Physical Address:	7910 Woodmont Ave #1204		City, State, Zip:		Bethesda, MD 20814		
Email Address:	awilliams@greaterbethesdachamber.o		rg		<b>Phone #:</b> 301-652-4900		
Billing Address:	7910 Woodmont Ave #1204		City, State, Zip:		Bethesda, MD 20814		
Biz Phone #:	: 301-652-4900 Biz Fax #:				EIN/Tax ID#: 52-0545799		
Business Type							
Corporation - Pick One:	Private	▼ Type:	C-Corp	Bus Open Date:	April 1, 19	26	
Refund Policy:	None	•	Print Policy:		(If yes input	refund message)	
Types of Goods Sold:							
Chamber of Commerce is a memb	ership-bas	sed Nonprofit	. Individuals and	l businesses purch			
Ownership	Informatio	on (Must be 5	1% or more) if m	nultiple owners fill o	ut addition	al ownership fo	rm
Officer/Owners Name:		•		Title:CEO		ocial Security:	T T
Home Address:				City, State,		Devon, PA 19	•
Drivers License#:			Exp Date:	06/08/202	-	State Issued:	I
	6/7/1966		Home Phone#:	301-768-22		State 133ded.	
% of Business Owned:	%	Lengt	h of Ownership:	3 years			
Banking Information ** No starter checks or deposit slips accepted **  Terminal Questions (Circle your answer)					ur answer)		
Name of Bank	Ī		Batch Out Time (for nextday funding 7:00 PM):				
ABA Routing #							
Account #				Do you dial 9 for outside line			<b>-</b>
Estimated Sales Volume				Terminal Type: Clover Go			
Estimated	Annual Sa	les (All sales)	\$500,000	Reprogram	Terminal:	No	▼
Estimated V	isa/MC/Di	iscover Sales	\$500,000	Equipment	Purchase:	Yes	•
Estimated Monthly Visa/MC/	Discover/	AMEX Sales	\$40,000	Equip. Rental	Program:	No	▼
	Av	erage Ticket	\$250.00	Next Day	/ Funding:	Yes	•
		High Ticket	\$7500.00		Tip Edit:	•	
First two sections must equal 100% respectively		EBT:		FNS Number	:		
Card Swiped: 100 % Card Ke	yed In:	% = 100	<b>0</b> % 100 <b>▼</b>	Tax Calculation:			If so tax rate:
Card Present: 5 % Card No	t Present	95 <b>% =10</b>	<b>0</b> %100 <b>▼</b>	Softwa	are or POS	Integration Qu	uestions Only
MOTO: % Inter	net: 10	00 %		POS Software Int	egration:	No <b>▼</b>	
Program Type: Traditional		Software Name & Version:					
Notes: This merchant is a Non-profit so Allie Williams is the CEO but doesn't own the entity. The merchant would like to purchase a Clover Go for in-person payments (merchant will pay for device). Majority of payments will be done via Authorize.net gateway.		MP/AP Name:		Daniel Garedew			
		F	RP Name:				
		Pricing Provided:		Proposal with requested pricing attache			
Receipt Header Message:							
Receipt Footer Message:							