	I		
Attached Required Document Checklist	Fax to: 901-692	-9499	
Voided Check Business Verification Document	email to: applications@impactpays.net		
Copy of Drivers License			IMPACI
Managing Partner Name:			
Date Submitted:			
Merchant Ap	plication Submiss	ion Form	
Merchant (Business) DBA Name: Plantation Oaks Suites	-		
Twee chain (Dusiness) DDA Harrier			
Business Legal Name: Ramparivar LLC			
Contact Name: Kapil Dalsania	Contact Phone Number: 901-413-7551		
nysical Address: 6656 Hwy 51 N City, State, Zip: Millington TN 88053			
Phone Number: 901-872-8000 Fax Number:			
Email Address: kapildalsania@gmail.com	mail Address: kapildalsania@gmail.com Website:		
Billing Address: Same as above			City:
State: Zip:			
Business Type			
Corporation - circle one: Private or Public		Business Start Date: 1/1/	/2017
LLC - circle one: C corp S corp P partner D disregarde	d entity	Dasiness start bate.	
Sole Prop Other:		9704	Refund Policy? Yes or No
= = = = = = = = = = = = = = = = = = = =			Return Folicy: 1es of 140
Ownership Information (Must be 51% or more) *Might need information on all owners* Officer (Owners Name) Kapil Dalsania Title: Owner Serial Security: 411897724			
Officer/Owners Name: Kapil Dalsania	Title: Owner	Social Security:	
Home Address: 8657 Dogwood Oaks City, State, Zip Code: Germantown, TN 38139			
Drivers License#: Expiration Date: State:			
DOB: 07/12/1980 Home Phone Number: 901-413-7551			
% of Business Owned:% Length of Ownership:			
Banking Information			
A copy of a voided check or a signed verification letter from the bank is <u>required.</u> *No Starter Checks Accepted*			
Name of Bank Patriot Bank			
ABA Routing # 084008824 7180861			
Account #	_		al Overtions
Estimated Sales Volume	۲		PM CST
Estimated Annual Sales (All sales) Estimated Annual Visa/MC/Discover/ AMEX Sales	\$ \$ 1080000	Batch Out Time: 7:30 Communication Method: IP	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ 90000	Do you dial 9 for outside line	•
Average Ticket	Ψ	Terminal Type:	C. 1C3 140
High Ticket	\$ 500.00	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: 95 % Card Keyed In: 5 % = 100%		Equipment Purchase:	Yes - No
Card Present: 95 % Card Not Present 5 % =100%		Equipment Rental Program	
MOTO: 5 % Internet: %		PIN Debit Pin Pad:	Yes - No
IBUXX or <mark>Traditional</mark>		POS Software Integration:	Yes - No
Notes:		Software Name & Version:	
0.25% + \$0.10		Next Day Funding:	Yes - No
OFF \$6 PCI \$5		Tip Edit:	Yes - No
			Version: 004