


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input type="checkbox"/>	Submitted:	email to: applications@impactpays.net			
Business Verification Document	<input type="checkbox"/>	12/28/23				
Copy of Drivers License	<input type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:						
Business Legal Name:	DC Hispanic Contractors Association			Website:	https://dchispaniccontractors.com/	
Contact Name:	Jose Sueiro		Contact Phone Number:	2022030120		
Physical Address:	2001 L Street, NW 5th Floor		City, State, Zip:	Washington DC 20036		
Email Address:	jose@dchispaniccontractors.com			Phone #:	202 203 0120	
Billing Address:	2001 L Street, NW 5th Floor		City, State, Zip:	Washington DC 20036		
Biz Phone #:	2028482493	Biz Fax #:		EIN/Tax ID #:	205325447	
Business Type						
Corporation - Pick One:	Public	Type:	Other	Bus Open Date:		
Refund Policy:	30 Days		Print Policy:	. (If yes input refund message)		
Types of Goods Sold:						
DONATIONS AND MEMBERSHIP FEES COLLECTED						
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form						
Officer/Owners Name:	Jose Sueiro		Title:	President	Social Security:	
Home Address:	1841 Columbia Road, NW Suite 614		City, State, Zip Code:	Washington DC 20009		
Drivers License#:		Exp Date:		State Issued:		
DOB:		Home Phone#:				
% of Business Owned:	%	Length of Ownership:				
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)			
Name of Bank	FOUNDERS BANK		Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #	054001767		Communication Method: .			
Account #	2100113600		Do you dial 9 for outside line? -			
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales)		\$	Reprogram Terminal:		.	
Estimated Visa/MC/Discover Sales		\$ 150,000	Equipment Purchase:		.	
Estimated Monthly Visa/MC/Discover/ AMEX Sales		\$ 10,000	Equip. Rental Program:		.	
Average Ticket		\$ 500	Next Day Funding:		.	
High Ticket		\$ 1500	Tip Edit:		.	
First two sections must equal 100% respectively			EBT:	.		
Card Swiped:	%	Card Keyed In:	% = 100%	Tax Calculation:		If so tax rate:
Card Present:	%	Card Not Present	% =100%	Software or POS Integration Questions Only		
MOTO:	%	Internet:	%	POS Software Integration: .		
Program Type: .			Software Name & Version:			
Notes:			MP/AP Name:			
			RP Name:			
			Pricing Provided:			
Receipt Header Message:						
Receipt Footer Message:						