Attached Required Document Checklist		Date	Fax to: 901-692-9499		:	Version:007.16	
Voided Check	Submitted:					404	
Business Verification Document			email to: applications@impactpays.net				APACT
Copy of Drivers License	V		application	ons@impactpays		PAYSYSTEM	
Merchant Application Submission Form							
Merchant (Business) DBA Name:	Sams Tobacco Shop						
Business Legal Name:	Sams Tobacco Shop LLC			Website:		N/A	
Contact Name:	Hussan Quhshee			Contact Phone Number:		661-577-1456	
Physical Address:	110 E. Broadway St.			City, State, Zip:		Forrest City, AR., 72335	
Email Address:	guhshee.guhshee@gmail.com			<del>-</del>		Phone #:	661-577-1456
Billing Address:	110 E. Broadway St.			City, State, Zip:		Forrest City, AR., 72335	
Biz Phone #:			Biz Fax #:	N/A		EIN/Tax ID#:	93-3161640
Business Type							
Corporation - Pick One:	Public	Туре:	LLC	Bus Open Date: Not open		<u> </u>	
Refund Policy:	Other Print Policy:			No (If yes input refund message)			
Types of Goods Sold:							
Candy, soda, food and tobacco products.							
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form							
Officer/Owners Name:	Noor Uddin Essa			Title: President	9	Social Security:	933-16-1640
Home Address:	110 E. Broadway St.			City, State,	Zip Code:	Forrest City, A	R., 72335
Drivers License#:	941066246		Exp Date:	08/28/2028		State Issued:	ARKANSAS
DOB:	08/28/19	87	Home Phone#:	661-577-14	661-577-1456		
% of Business Owned:	100 %	100 % Length of Ownership:		1 year			
Banking Information ** No starter checks or deposit slips accepted**				Terminal Questions (Circle your answer)			
Name of Bank FNBEA				Batch Out Time (for nextday funding 7:00 PM):			
ABA Routing #	084101417			Communication Method: IP-Internet (WiFi)			
Account #	Account # 0948152			Do you dial 9 for outside line? NO			
Estimated	Terminal Type:						
Estimated Annual Sales (All sales) \$ N/A			\$ N/A	Reprogram	Reprogram Terminal: No		
Estimated Visa/MC/Discover Sales \$ N/A			ş N/A	Equipment Purchase:		Yes	
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$ N/A			Equip. Rental Program:		No		
Average Ticket \$ N/A			\$ N/A	Next Day Funding:		Yes	
High Ticket \$ N/A			\$ N/A	Tip Edit:		No	
First two sections must equal 100% respectively				EBT:	No	FNS Number:	
Card Swiped: 100 % Card Ke	yed In:	% = 100	)%	Tax Calculation:			If so tax rate:
Card Present: 75 % Card Not Present 25 % =100%				Software or POS Integration Questions Only			
MOTO: 100 % Internet: %				POS Software Int	egration:		
<u> </u>				Software Name & Version:			
Notes:				MP/AP Name:			
				RP Name:			
		Pricing Provided:					
Receipt Header Message: Sams 7	obacco S	Shop 110 E. B	roadway St., Foi	rest City, AR., 723	35		

Receipt Footer Message: Thank you for your business.