


Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499	
Voided Check	<input type="checkbox"/>		email to: applications@impactpays.net	
Business Verification Document	<input type="checkbox"/>			
Copy of Drivers License	<input type="checkbox"/>			
Merchant Application Submission Form				
Merchant (Business) DBA Name:				
Business Legal Name:	Nash Auto Sales & Service LLC		Website:	
Contact Name:	Nash Karawadra		Contact Phone Number:	
Physical Address:	6000 Allen Rd 7400 US 7		City, State, Zip:	Vanderveer MS 39565
Email Address:	Nashsauto@outlook.com		Phone #:	901-301-0153
Billing Address:			City, State, Zip:	
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:
Business Type				
Corporation - Pick One:	LLC	Type:	Bus Open Date:	11-22-24
Refund Policy:		Print Policy:	(If yes input refund message)	
Types of Goods Sold:				
Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form				
Officer/Owners Name:	Puneeth Karawadra	Title:	Owner	Social Security:
Home Address:	6000 Allen Rd	City, State, Zip Code:	Vanderveer MS 39565	
Drivers License#:	ON File	Exp Date:		State Issued:
DOB:	01-10-88	Home Phone#:		
% of Business Owned:	100%	Length of Ownership:	1 month	
Banking Information ** No starter checks or deposit slips accepted**				
Name of Bank:		Batch Out Time (for nextday funding 7:00 PM):	6pm	
ABA Routing #:		Communication Method:		
Account #:		Do you dial 9 for outside line?	-	
Estimated Sales Volume			Terminal Type:	
Estimated Annual Sales (All sales)	\$ 600,000	Reprogram Terminal:		
Estimated Visa/MC/Discover Sales	\$ 50,000	Equipment Purchase:		
Estimated Monthly Visa/MC/Discover/AMEX Sales	\$ 100,000	Equip. Rental Program:		
Average Ticket	\$ 73	Next Day Funding:		
High Ticket	\$ 30,000	Tip Edit:		
First two sections must equal 100% respectively			EBT:	FNS Number:
Card Swiped:	100%	Card Keyed In:	0%	= 100% 0
Card Present:	100%	Card Not Present:	0%	= 100% 0
MOTO:	%	Internet:	%	
Program Type:		Software or POS Integration Questions Only		
Notes:		POS Software Integration:		
		Software Name & Version:		
		MP/AP Name:		
		RP Name:		
		Pricing Provided:		
Receipt Header Message:				
Receipt Footer Message:				