



Submitted By (Agent): _____

Phone: _____

Company Information

MERCHANT DBA NAME: _____ Number of locations: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DBA Phone: _____

Primary Contact Name: _____ Phone: _____

Email address: _____ Website address: _____

Legal or Corporate Name: _____

Legal/Corp Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID / EIN : _____

(1) Owner / Officers/ Authorized Signor

Owner Officer

Name: _____ Title: _____ SSN: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

% of Ownership _____

(2) Owner / Officers/ Authorized Signor

Owner Officer

Name: _____ Title: _____ SSN: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

% of Ownership _____

Merchant Detail

Type of Business: Public Private

Type of Ownership: Sole Proprietorship Partnership Corporation L.L.C Non-Profit Government/Municipality

Date Business Started: _____ Date Acquired by Current Owner _____ What percentage of sales are Chargebacks? _____%

Do you currently accept Credit Cards YES NO Current Processor: _____ What percentage of sales are Returned? _____%

Do you accept payments via website? YES NO Website address: _____

What Products/Service do you provide: _____

How soon is Customers card charged: _____ Do you obtain a signature for your product? YES NO

Return Policy: _____



Monthly Volume Visa/Mastercard/Discover: _____

Average Ticket: _____

Sales Method:

Monthly Volume AMEX: _____

Max Ticket: _____

Swiped

Imprinted

MOTO

Internet

Online Gateway:

Terminal or POS system:

NMI

Clover

PAX

Authorize.net

Ingenico

DejaVoo

Other: _____

Verifone

Other system: _____

Notes:



Attachments To Be Submitted With This Application:

- Owner / Officer Driver's License (Copy)
- Voided Check (Copy) or Bank Letter with banking information