

Merchant Information Sheet



Once completed please email or fax back to my attention.

DBA Name: _____ Contact Person: _____

DBA Address: _____ Email Address: _____
(No P.O Boxes)

DBA City, ST, Zip: _____ DBA Phone: _____

Business Start Date: _____ Business Web Address: _____

Type of Ownership: Sole Prop Corporation LLC Government Non-Profit

Products/Services Sold: _____

Do you require a deposit? Yes No If so, what percent? _____

How long does it take for your customer to get the product they paid for? _____

Legal Business Name: _____ Contact Person: _____

Legal Business Address: _____ Legal Phone: _____

_____ Number of Locations: _____

Legal City, ST, Zip: _____ IRS/Federal Tax ID Number: _____

Place of Legal Formation: _____

For security purposes, banking information will be collected during the electronic signature process. At that time, please be prepared to provide your bank name, name on account, account type, (checking), bank account #, bank routing #.

Owner 1 Name : _____ % of Ownership: _____

Business Title: _____ Social Security Number: _____

Home Address: _____ Cell Phone #: _____

City, St, Zip: _____ DOB: _____

Email Address (required for Electronic Application Delivery): _____

Owner 1 Name : _____ % of Ownership: _____

Business Title: _____ Social Security Number: _____

Home Address: _____ Cell Phone #: _____

City, St, Zip: _____ DOB: _____

Email Address (required for Electronic Application Delivery): _____

Card Acceptance: Card Swipe Internet/E-Commerce Mobile Manual Key Entry

Terminal Point of Sale: _____ Make/Model: _____
(Hardware/Software):

Monthly MC/VIA/DISC Volume \$ _____ Connection Type: Direct to Router Wi-Fi Dial Telephone

Average Transaction Size \$ _____ Pin-Pad (Make/Model): _____

Highest Single Transaction \$ _____

Account Executive Contact Information: