Merchant Account Application

| SO ACCT# | |
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| Company Information Section | | |
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| Company Name: | | |
| Type of Company (Circle One): C-Corp S-Corp LLC Close Corp Sole Proprietor Partnership Non-Profit OTHER | | |
| WHEN DID YOU START THIS BUSINESS?/ What Year Did You Incorporate? | | |
| Complete Address: | | |
| Work Telephone: Cell Phone: Fax: | | |
| Email: Website: | | |
| Tax ID: or International Tax #: | | |
| What Is Your Expected Monthly Processing Volume: \$ Avg. Check Amounts: Low: \$ High: \$ | | |
| Describe Your Business Here and HOW YOU ADVERTISE - Be Detailed & Use Extra Paper If Necessary: | | |
| Personal Information Section | | |
| First & Last Name: SSN: Position in Company: | | |
| Complete Address: | | |
| Banking Information Section | | |
| eposit To (Routing Number): Deposit To (Account #): | | |
| Name on Your Bank Account (if incorrect bank WILL REJECT DEPOSITS): | | |
| Complete Address on Your Bank Account: | | |
| Choose Your Login Information | | |
| User Name For Login (at least 4 characters): 4-digit SECURITY PIN CODE: | | |
| | | |
| Position in Company Date/Signature | | |