

# 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: \_\_\_\_\_

Required

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

Products/Services Sold: \_\_\_\_\_

Required

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: \_\_\_\_\_

Required

Place of Legal Formation: \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Required

Required

Owner 1 Name : \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Business Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Required

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Required

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

Required

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

Highest Single Transaction \$ \_\_\_\_\_

**Account Executive Contact Information:**