

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

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: