

MERCHANT PROCESSING APPLICATION
(FAX/ELECTRONIC FORM)

MULTIPLE LOCATIONS

Loc. _____ of _____



Merchant #: _____ Tie To#: _____ Pricing Type: _____ Attached: ☐ Service Fee Schedule
MCC: _____ (If different from original) Linkback #: _____ Statement to: ☐ Outlet ☐ Other: _____

TELL US ABOUT YOUR BUSINESS

Client: _____
(Your Business Legal Name) ☐ Same as Legal Name or provide:
Your DBA/Outlet Name: _____

First/Last Contact Name: _____ Address (No P.O. Box): _____ Suite #: _____

City: _____ State: _____ Zip Code: _____ Store # _____ Your Business Phone: _____
(include area code) Select One for Retrieval Requests: ☐ (02) Dedicated 24 Hour Fax ☐ (03) No fax; mail ☐ Same as Business Phone **or**
Merchant's Customer Service Phone (include area code): _____

Annual MC/Visa Volume for this Location: \$ _____,000 ☐ ATTACH A COPY OF FUNDING CHECK OR BANK LETTERHEAD/LOGO SIGNED BY A BANK
OFFICER WITH TYPED ABA/DDA. MUST INCLUDE DBA NAME, BANK NAME AND ADDRESS.
Average Ticket/Sales Amount: \$ _____ **WRITE LOC. _____ OF _____ ON CHECK.**
Fed Tax ID: _____ TIN Type: ☐ EIN (Fed Tax) ☐ SSN
Mag Swipe _____ % + Keyed Manually _____ % = _____ % Product/Services You Sell: _____
POS Cardswipe/Manual Imprint _____ % + Mail Order _____ % + Phone Order _____ % + Internet _____ % + Tradeshows _____ % = _____ %

OTHER ENTITLEMENTS

☐ Non-Lic. Diners (EDC) _____ (Existing Account #) _____ or ☐ Diners License 3 8 0 5 0 0 1 9 0 0
☐ Non-Lic. JCB (EDC) _____ (Existing Account #) _____ or ☐ JCB License 2 8 0 9 0 0 9 9 0 1
☐ Discover (EDC) 6 0 1 1 _____ or ☐ easi 6 0 1 1 9 9 9 9 9 9 9 9 9 9 9 9
☐ Amer. Exp. _____ or ☐ ESA 9 9 9 9 9 9 9 9 9 9 Check one: ☐ Single Settle ☐ EDC ☐ PIP ☐ Reverse PIP
☐ Debit Package 7 7 7 9 5 5 0 2 _____ ☐ EBT FNS # (XREF) _____
☐ Other: _____ ☐ Vendor: _____ SE #: _____
Network: ☐ (206) CARDnet® ☐ (2221) Nashville ☐ Other: _____ Specify Security Code: () _____

THIRD PARTY AGREEMENTS

☐ TeleCheck ☐ License # or ☐ MICR _____ ☐ ECA ☐ Guarantee ☐ Gift Card Service _____

DESCRIBE EQUIPMENT DETAILS

Rental•Purchase Customer-Owned Lease (check one)	QTY	Equipment Type (i.e. Terminal)	Retail•Restaurant•Lodging Supermarket•Car Rental Quick Service Restaurant•MOTO	Model Code and Name	Unit Price w/o Tax	For Customer-Owned Equipment Track/Version/Serial #
R P C L			R Re L S C QSR MOTO			
R P C L			R Re L S C QSR MOTO			

☐ Sales Rep. to Train ☐ MAG to Train Best Time To Call _____ am ☐ / pm ☐ (or receive training via phone dial 1-800-558-7101 8:00 am - 10:00 pm EST)
Imprinter Purchase: ☐ Yes ☐ No If Yes \$ _____ x Qty.: _____ = \$ _____ (w/o Tax) Wireless Provider: ☐ Cingular or ☐ Other: _____
VAR/Internet/Software: Name: _____ Product ID # _____ Vendor ID # _____ Nashville Only
Check one: ☐ Gateway Solutions ☐ Lease Line Solutions ☐ Dial Solutions ☐ YourPay ☐ IC Verify Serial # _____
LEASE COMPANY: ☐ (04) First Data (Processor)

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VAR/Internet/Software: Name: _____ Product ID # _____ Vendor ID # _____ Nashville Only
Check one: ☐ Gateway Solutions ☐ Lease Line Solutions ☐ Dial Solutions ☐ YourPay ☐ IC Verify Serial # _____
LEASE COMPANY: ☐ (04) First Data (Processor)