



## ADDITIONAL M.I.D. FORM

Please institute Credit Card and/or Electronic Check processing services for an additional location of our business as identified below. We acknowledge and agree that the additional location shall be subject to the terms and conditions of the agreements currently in force for our other location(s).

Legal Business or Corporate Name: \_\_\_\_\_

"Doing Business As" (DBA): \_\_\_\_\_

Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

### ADDRESS:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Anticipated Opening Date: \_\_\_\_\_

### ESTIMATED PROCESSING ACTIVITY:

#### CREDIT CARD PROCESSING

Monthly Volume: \$ \_\_\_\_\_ Average Ticket: \$ \_\_\_\_\_ Non-Magnetic: \_\_\_\_\_ %

#### ELECTRONIC CHECK PROCESSING

##### NUMBER OF CHECKS

Daily Average: \_\_\_\_\_

Daily Maximum: \_\_\_\_\_

##### DOLLAR AMOUNT OF CHECKS

Daily Average: \$ \_\_\_\_\_

Daily Maximum: \$ \_\_\_\_\_

Terminal Type: \_\_\_\_\_ Printer Type: \_\_\_\_\_

Call Waiting? ☐ Yes ☐ No

Predial Prefix: ☐ Yes ☐ No

Discover # \_\_\_\_\_ American Express # \_\_\_\_\_

**MERCHANT ACCOUNT DESCRIPTOR & PHONE #:** \_\_\_\_\_

*\*(44 Total Descriptor Characters including Spaces)\**

☐ Open New Merchant DDA

☐ Voided Check for ACH and/or Bank Verification Letter Attached

☐ Same DDA as other location(s) Account Number \_\_\_\_\_

Signature (Owner / Corporate Officer)

Print Name and Title

Date