

**Internal Use Only**

Underwriter: _____

SIC Code: _____

Original MID: _____

Additional Location 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).

Business Information

Legal Business or Corporate Name

Doing Business As (DBA)

Ownership

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Required Attachments

☐ Please attach a copy of the business license for the additional location**Location Information**

Street Address

City

State

Zip

Contact Person

Phone

Anticipated Opening Date

Billing Address

City

State

Zip

Anticipated Credit Card Processing Activity

Monthly Volume

\$

Average Ticket

\$

Percent of transactions that will not be swiped

%

Anticipated Check Processing Activity (if applicable)

Average Number of Checks Per Day

Maximum Number of Checks Per Day

Average Check Amount

\$

Maximum Check Amount

\$

Account and Terminal Configuration

Terminal Type

Terminal Configuration

☐ Call Waiting ☐ Dial Prefix ☐ Tip Line ☐ Customer Copy ☐ Auto Close (Time: _____)

Receipt Footer Text

Discover Merchant #

American Express SE #

Descriptor & Phone (Appears on customer statements. Max of 21 characters)

Bank Account (DDA) Information

☐ Open New Merchant DDA ☐ Voided Check or Bank Letter Attached ☐ Same as other location: _____

Signature (Owner or Corporate Officer)

Print Name and Title

Date