

Pre Application Information

Business/DBA Name: _____ Legal Business Name: _____
 Street Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Phone/Cell: _____ Fax: _____ Phone: _____ Fax: _____
 Contact Name at DBA: _____ Contact Name at Legal: _____
 Website: _____ E-Mail: _____
 Mailing/Billing Address: Use DBA Use Legal Other _____

Primary Owner/Officer Name: _____
 Social Security Number: _____ Date of Birth: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Years at this address: _____ Own Rent

Business Type: Sole Proprietor Partnership Corporation LLC Tax Exempt
 Average Ticket: \$ _____ Annual Visa/MC/Discover Sales: \$ _____
 Federal Tax ID #: _____ Total number of locations: _____
 Products/Services Sold: _____ Type of Inventory: _____
 Years Business Owned: _____ Hours of Operation: _____
 Surrounding Area: Commercial Residential Industrial
 Is the Premises: Leased Owned Anticipated Date to begin processing: _____

Application for the following card services:
 Visa/MasterCard/Discover American Express (existing AMEX merchant # _____)
 PIN-Based Debit EBT (FNS # _____)

What email or fax number would you like us to send your application to? _____
 What is the best way to contact you? DBA Phone Cell Phone Email
 Point of Sale System: _____ Dealer Name/Phone: _____

MERCHANT INFORMATION

Name:

Office Number:

VOIDED CHECK

Please attach a voided check and drivers license

(If a voided check is not available, please attach a letter from the bank on bank letterhead that shows account and routing numbers.) Please choose one of the following: CHK SAV GL

PLEASE RETURN THIS BUSINESS PROFILE BY EMAIL OR TO:

Name:

Email:

Direct Phone: