



MERCHANT INFORMATION SHEET

Once completed please email or fax back to my attention

DBA Name (Business):

DBA Address (no P.O. Box):

DBA City, ST, Zip:

Business Start Date MM/YYYY:

Type of Ownership: Sole Prop Corporation

LLC Government

Non-Profit

Contact Person:

Email Address:

DBA Phone:

Business Web Address:

IRS/Federal Tax ID Number:

Products/Services Sold: _____

Do you require a deposit? Yes No

If so, what percent?

How long does it take your customer to get the product they paid for?

Legal Bus. Name:

Contact Person:

The name on the Tax/SS4 form issued by the IRS with your Federal Tax ID Number

Legal Phone:

Legal Bus. Address:

Number of Locations:

Legal City, ST, Zip:

Place of Legal Formation:

For security purposes, banking information will be collected during the electronic signature process. At that time, please be prepared to provide your Bank Name, Name on Account, Account Type (checking), Bank Account #, Bank Routing #.

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):

Owner 2 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

Terminal Point of Sale (Hardware/Software):

Mobile Manual Key Entry

Make/Model:

Monthly MC/VISA/DISC Volume \$

High Speed or Dial Connection in store?

Average Transaction Size \$

Pin-Pad (Make/Model):

Highest Single Transaction \$