

American Money Systems Pre-Application

BUSINESS INFORMATION	
Business LEGAL Name:	Business Name (Doing Business As):
Legal Address:	Business Location Address:
Street	Street
City, St, Zip	City, St, Zip
Mailing Address:	
Street	Street
City, St, Zip	City, St, Zip
Legal Phone #:	Customer Phone #:
Legal Fax #:	Location Fax #:
Legal Email:	Customer Service Email:
Date Business Started:	
Owners Information:	
Name:	Title:
Home Address:	Home Phone #:
Date of Birth:	Driver's License:
Financial Information:	
Gross YEARLY Sales Volume: (Includes Cash + Credit + Debit + Check)	Where is Sale Transacted? (Must = 100%)
	Store Front/Swiped:
Average YEARLY Credit Card Volume:	Internet/eCommerce
	Mail Order:
Average Sales Ticket:	Telephone Order:
Highest Sales Ticket:	
CHOICE OF EQUIPMENT	
Stand Alone Counter Top Terminal	
Wireless Terminal	
Virtual Terminal	
Cell Phone	
Tablet	
POS System	