



Business Name (DBA): _____ Bus. Phone: _____

Corporate Name: _____ Bus. Fax: _____

Address: _____

City/State/Zip: _____

Mailing Address: _____

Contact Name: First: _____ Last: _____

Ownership Information:

Principle Owner/Officer/Partner/Manager/Member: % Ownership: _____

Name: _____ SSN: _____

Title: _____ Birthdate: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Second Owner/Officer/Partner/Manager/Member: % Ownership: _____

Name: _____ SSN: _____

Title: _____ Birthdate: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Business Information:

Year Established: _____ Length of Current Ownership: _____ YRS _____ MOS

Prior Experience in this Business: Y/N If yes, how many years? _____

Services/Products: _____

Business Structure: _____ Corp. _____ Sole Prop. _____ LLC _____ Partnership

Federal Tax ID: _____ Customer Service Phone: _____

Card Acceptance Method (Must Equal 100%): (Internet must be 100% or 0%)

Card Pres. (Swipe) _____ Card Pres (No Swipe): _____ MO/TO: _____ Internet: _____

E-Mail/Website Address: _____

Avg. Credit Card Ticket: \$ _____ Avg. Monthly Volume \$ _____

CC Acceptor Y/N _____ If yes, statements included Y/N _____

Programming Instructions: Equipment Type: _____

AMEX #: _____ Disc. #: _____

Site Survey: Location: ___ Retail ___ Office Building ___ Residence ___ Kiosk ___ Trade Show

Discount Rates:

_____ % V/MC CRDT _____ % REW _____ % V/MC DBT _____ % MID QUAL

_____ % NON QUAL _____ AUTH FEE _____ MTHLY MIN \$10.00 STMT FEE

_____ DEBIT/USE _____ SCAN/USE _____ WIRELESS _____ GATEWAY