

Date: _____ AWB # _____

<input type="checkbox"/> New Location	<input type="checkbox"/> Additional Location	Existing MID: _____	Chain #: _____	Short Name _____	Location _____ of _____
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Merchant Application

Merchant Information	DBA Name: _____			DBA Phone #: _____		Ext. _____
	Contact Name: _____			DBA Fax #: _____		
	Cell Phone #: _____			Customer Service Phone #: _____		
	DBA Address: _____			Email Address: _____		
	City: _____		State: _____	Zip Code: _____	Federal Tax ID: _____	
	Previous Processor: _____		Year Established: _____		Length of Current Ownership: _____ years, _____ months	

Corporate Information	Legal/Corporate Name: _____			Legal/Corporate Phone #: _____		Ext. _____
	Legal/Corporate Contact Name: _____			Legal/Corporate Fax #: _____		
	Legal/Corporate Address: _____					
	City: _____		State: _____	Zip Code: _____		

Business Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> C Corp/Private/Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government					
	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status)					
	<input type="checkbox"/> Other (Assn/Estate/Trust)					

Principal Information 1 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	

Principal Information 2 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____ owner 2 information if applicable					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	

Other Merchant Information	Average Sale Amount: \$ _____		Description of product or services offered: _____			
	Total Monthly VISA@/MC/Discover Network® Sales: \$ _____			MCC: _____		
	Card Present (swiped) _____ %	For Card Present Transactions , when does the customer receive the product or service?				
	Card Present (not swiped) _____ %	<input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)				
	Mail Order _____ %	For Card Not Present Transactions , when does the customer receive the product or service?				
	Telephone Order _____ %	<input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)				
Internet _____ %	For Internet Transactions , list the product web site: _____					
Total = 100%						
Do you use a fulfillment house or telemarketing company? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please provide name of company: _____						
Address: _____						
Phone #: _____						
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> (Merchant must notify to close and reopen, use addendum)						
<input type="checkbox"/> January		<input type="checkbox"/> February		<input type="checkbox"/> March		
<input type="checkbox"/> April		<input type="checkbox"/> May		<input type="checkbox"/> June		
<input type="checkbox"/> July		<input type="checkbox"/> August		<input type="checkbox"/> September		
<input type="checkbox"/> October		<input type="checkbox"/> November		<input type="checkbox"/> December		

Bank Account	(Checking Accounts only) Information will be taken from Bank Letter or Voided Check provided with application					
	Deposit Bank Name: _____		ABA/Routing #: _____		DDA Account #: _____	Tape ID: _____
Billing Bank Name (if different): _____		ABA/Routing #: _____		DDA Account #: _____	Tape ID: _____	