

Merchant Application

Date:	Location # _____ of _____	<input type="checkbox"/> New Account	<input type="checkbox"/> Add Location Existing MID: _____	<input type="checkbox"/> Re-Enrollment	Member #	Relationship:
MERCHANT INFORMATION						
Legal or Corporate Name of Business:				Federal Tax ID:		
D/B/A Name of Business:				Year Established:		Length of Current Ownership
Contact Name:				Mail Statements: <input type="checkbox"/> Business Address <input type="checkbox"/> Corporate Address		
D/B/A Business Address:				Store #		
City:		State:	Zip Code:	Country:	D&B #	
Business Telephone: ()		Business Fax: ()		Cell Telephone: ()		Customer Service Telephone Number: ()
Email Address:		Website Address:		Customer Service Website Address (if any):		
CORPORATE ADDRESS (IF DIFFERENT FROM D/B/A BUSINESS ADDRESS)						
Contact Name:				Corporate Telephone: ()		
Corporate Address:				Corporate Fax: ()		
City:		State:	Zip Code:	Country:		
BUSINESS TYPE						
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation - Public Company <input type="checkbox"/> C Corporation - Private Company <input type="checkbox"/> Sub S Corp. <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Govt. (Local/State/Federal)						
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization (include Fed Tax ID and documents that support Exempt Status) <input type="checkbox"/> Other (Trusts, etc.) _____						
PRINCIPAL INFORMATION 1 (OWNER/PARTNER/OFFICER)					% of Ownership _____	
First Name:		MI:	Last Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer _____ (Title)	
					<input type="checkbox"/> Other _____ (Please Specify)	
Home Address:				Email Address:		
City:				State:		Zip Code:
Home Telephone: ()		Driver's License ID # _____		DOB:		SSN:
Cell Telephone: ()		State Issued: _____				
PRINCIPAL INFORMATION 2 (OWNER/PARTNER/OFFICER)					% of Ownership _____	
First Name:		MI:	Last Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer _____ (Title)	
					<input type="checkbox"/> Other _____ (Please Specify)	
Home Address:				Email Address:		
City:				State:		Zip Code:
Home Telephone: ()		Driver's License ID # _____		DOB:		SSN:
Cell Telephone: ()		State Issued: _____				
Have you or any of the Owners/Partners/Officers of the company ever filed bankruptcy for business or personal bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Years experience in this industry: Years: _____ Months: _____ Has this DBA account ever accepted credit or debit cards previously? (under current ownership) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of previous card acceptance processor: _____ If no and you have been in business for more than 3 months, please explain why you have never accepted credit cards. _____ Have you or any of the Owners/Partners/Officers of the company ever been terminated or suspended by any card acceptance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Do you operate seasonally? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months closed: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec						
CARD ACCEPTANCE INFORMATION					Any % of Internet sales = separate application. Retail Merchants with greater than 20% Mail or Telephone sales, please complete a separate application with for the MO/TO sales.	
Card Present (swiped) _____% Card Present (not swiped) _____% Mail Order _____% Telephone Order _____% Internet _____% (totals must equal 100%)						
MCC/SIC Code:		Description of products or services offered:				
Total Monthly Sales of Business: \$			Total Monthly VISA/MC Sales: \$		Average Sale Amount: \$	
For Card Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, _____ # of Days (include shipping time frame)						
For Mail/Telephone or Internet Transactions:						
When does the customer receive the product or service? _____ # of Days (include shipping time frame)						
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 and telephone. _____						
For Internet Transactions:						
Product Web Site Address: _____ Does the web site meet all internet requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this web site secure? <input type="checkbox"/> Yes <input type="checkbox"/> No						
TERMS OF SERVICE #						

Please Initial Here _____