



MERCHANT PRE APP

Merchant Name/Doing Business As (DBA):			Corporate/Legal Name		
Location Address:			Corporate Address (if different from location):		
City:	State:	ZIP:	City:	State:	ZIP:
Contact Name:		Business Phone Number:		E-mail Address:	
Business Start Date:		Business Type:		Federal Tax ID:	
Length of current ownership:		Closely held Sole Proprietor Sub S Corp Partnership Sub C Corp If LLC, class C D P LLC		Name:(as it appears on income tax return)	

OWNERSHIP PROFILE

Name (1):	Title:	% Ownership:	Phone #:
Residential Street Address:	City, State, ZIP:		Length of Time at Residence: Rent Own years
Date of Birth:	Social Security Number:		Driver's License Number: Issue & Expiry Date
Name (2):	Title:	% Ownership:	Phone #:
Residential Street Address:	City, State, ZIP:		Length of Time at Residence: Rent Own years
Date of Birth:	Social Security Number:		Driver's License Number: Issue & Expiry Date

BUSINESS PROFILE

Please give a full description of your business:

Upon taking payment, what % of your goods or services are delivered in (must equal 100%): 0-7 days 7-14 days 14-30 days Over 30 days

URL:	Customer Service Phone # & E-mail		
Method of Acceptance (must equal 100%):	Average/max monthly volume	Average Ticket:	Highest Ticket/# of high tickets per year
Mail Order/Telephone order % Internet/website % Swiped in person %	\$	\$	\$

Please explain your refund policy (note if it is available on your website or contracts):

What methods are used to market your product/service?
 Internet Magazines Phone Book Brochures Catalog Newspaper Sales Reps Referrals Cold Calls
 Other (explain):

Settlement Information: Deposit Bank: Transit/ABA# Deposit Account #:

Equipment Information

Please list any terminal, point of sale system, or online gateway you're currently using.

If using a desktop terminal, do you connect by: phone line IP/INTERNET

Please enter the name of the terminal, version and serial #