

Date _____ Rep Name _____ Rep # _____



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

Corporate Name: _____ Bus. Fax: _____

Address: _____

City/State/Zip: _____

Mailing Address: _____

Contact Name: First: _____ Last: _____

Ownership Information: (If a 2nd owner or cosigner is needed please attach additional information on a separate page)

Principle 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: YEARS _____ MONTHS _____

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

Services/Products: _____

Business Structure: **(Please Check One)** C-Corp. S-Corp. Sole Prop. LLC Partnership

Federal Tax ID: _____ Customer Service Phone: _____

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

Card Pres(Retail Swipe): _____ Card Pres/No Swipe: _____ MO/TO(Card Not Pres/Keyed): _____ ECommerce: _____

E-Mail/Website Address: _____

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

Delayed Delivery **Yes No**

Time frames _____(30/60/90 days from the time the 1st payment is accepted until the services/travel is executed)

When is deposit due? _____ Avg. Deposit Amt _____ When is Final Pmt due _____ Avg. Final Pmt Amt _____

Currently accepting CC: **Yes / No** If yes, 3 months of statements are required with application.

Site Survey Location: (Please Check One) Retail Location Office Building Residence

Programming Instructions: Terminal Type/Gateway Solution (ex: ICT250 / Converge / Auth.net)

Equipment Type: _____

Discount Rates: Visa, MasterCard and Discover are included with your merchant account.

PIN DEBIT (IF RETAIL W/PINPAD) \$ _____ **DEBIT/CHECKCARD** _____% **QUALIFIED** _____% **REWARDS** _____%

MID QUAL _____%+ .10 Per Item **COMM CARDS** _____%+ .10 Per Item **NON QUAL** _____%+ .10 Per Item

AUTH FEE \$ _____ **STMT FEE** \$ **10.00** **PCI MONTHLY** \$ **7.50** **CONVERGE MONTHLY FEE** \$ _____

MONTHLY WIRELESS FEE \$ _____ **MTHLY MIN** \$ _____ **OTHER FEE:** \$ _____

AMEX: Yes No If Travel and requesting Amex Opt Blue Set up, please provide IATA/CLIA# _____

If Yes: **Existing SE#:** _____ or **AMEX Opt Blue Rates: Q** _____+.10 **NQ** _____+.10

Card Association Fees (ex: Foreign/Cross Border Fees) are passed through. Owner Initials & Date _____