



MERCHANT APPLICATION QUICK SETUP

FILL THIS FORM OUT AND SUBMIT YOUR DOCUMENTS ONLINE BY SCANNING THIS QR CODE:



BUSINESS INFORMATION

Business Name	<input type="text"/>	<input type="text"/>
	DBA or Trade name on your signage	Corporate Legal Business Name

Business Location Address	<input type="text"/>	Years in Business
	Street Name / City / State / Zip	<input type="text"/>

Business Type	<input type="text"/>	<input type="text"/>
	Retail/Restaurant/Service/Gov't/Lodging/Supermarket/Petroleum/Healthcare/Education/Other	Individual/Sole-Prop/S-Corp/C-Corp/Non-Profit/LLC/LLP/Partnership/Gov't/Other

Business Phone/Email	<input type="text"/>	<input type="text"/>
	Business Phone	Business Email

Business Website	<input type="text"/>	Average Ticket & Volume
	Leave blank if none	<input type="text"/>

Federal Tax ID	<input type="text"/>	<input type="text"/>
	If Sole Prop you may use your SS #	Estimated Average Credit/Debit Card Ticket

Business Mailing Address	<input type="text"/>	<input type="text"/>
	If different from location address - otherwise leave blank	Estimated Annual VS/MC/AMEX/DISC Volume

OWNER INFORMATION

Owner/Officer/ Partner Name	<input type="text"/>
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Owner/Officer/ Phone/Email	<input type="text"/>	<input type="text"/>
	Personal Phone	Personal Email

Date of Birth	<input type="text"/>	Owner/Officer/Partner Home Address
	Month/Date/Year	<input type="text"/>

Soc Sec #	<input type="text"/>	<input type="text"/>
		Street Name / City / State / Zip

Owner Signature	<input type="text"/>
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PLEASE PROVIDE A COPY OF DRIVERS LICENSE, VOIDED CHECK OR BANK LETTER, PROCESSING STATEMENTS AND BANK STATEMENTS