



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 <input type="text"/>
	Street Name / City / State / Zip	
Business Type	<input type="text"/>	<input type="text"/>
	Retail/Restaurant/Service/Gov't/Lodging/Supermarket/Petroleum/Healthcare/Education/Othe	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 <input type="text"/>
	Leave blank if none	
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"/>	
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 <input type="text"/>
	Month/Date/Year	
Soc Sec #	<input type="text"/>	<input type="text"/>
		Street Name / City / State / Zip

PLEASE PROVIDE A COPY OF DRIVERS LICENSE, BUSINESS LICENSE, VOIDED CHECK OR BANK LETTER, PROCESSING STATEMENTS AND BANK STATEMENTS



Merchant DBA

Address

Phone

Terminal Type

Quantity Price (each)

Total (excluding sales tax)

All accounts will be charged \$ monthly fee per terminal

Equipment Purchase Agreement

I, the undersigned, agree and understand that I will be billed via electronic ACH for this purchase. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor

Date

Printed Name of Authorized Signor

Sim Cards for Wireless Terminals

Activation Fee: \$15.00

Monthly Fees based on Data Allowance

Choose Plan:

- 1 MB \$7.50
- 10 MB \$16.50
- 100 MB \$29.95
- 1 GB \$44.95

I, the undersigned, agree and understand that I will be billed via ACH, monthly, for these fees. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor

Date

Printed Name of Authorized Signor



420 Boulevard Suite 206 Mountain Lakes, NJ 07046

PCB Download Sheet

DBA Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Agent Name: _____

PCB Internal Use

TSYS

FISERV (FD)

Other _____

Terminal Type: P1 QTY ____ P3 QTY ____ P5 QTY ____

QD1 QTY ____ QD2 QTY ____ QD4 QTY ____ QD5 QTY ____

S300 QTY ____ OTHER _____ QTY ____

POS Type: HotSauce POS Dejapaypro POS OVVI POS
 Union POS Tabit POS

SVC Fee % _____ (For Dual Pricing)

File Build Type: Retail Retail w/Tip Restaurant

Auto Close (time if required) _____ AVS CVV2 EBT

IP WiFi Mobile Data (Sim Card)

Ship to: Merchant Agent

Additional Notes: