Merchant Processing Application

The purpose of this application is to provide all relevant business information to open your new merchant account. Once complete, you will receive a link via email to e-sign your final agreement.

Owner/Partner/Officer Information			
First Name:			
Last Name:			
Street Address:	City:	State:	Zip:
Phone Number:			
Email:			
Title:	Date of Birth:	Social Security Number:	

Business Information			
Business Name (DBA):			
Location Street Address:	City:	State:	Zip:
Legal Business Name (If different than DBA):			
Legal Street Address (If different than DBA):	City:	State:	Zip:
Location Phone Number:			
Contact Person Name:			
Contact Person Email:			
Date Business Started:			
Tax ID Number (EIN):			
Entity Type (LLC, S Corp, C Corp, etc.):			

Nature of Business	
Industry Type:	
Description of products and services sold:	
Monthly Processing Volume:	% of Swiped Transactions:
Average Ticket:	% of Keyed Transactions:
Requested High Ticket:	% of Online Transactions:

Bank Account Information		
Deposit Bank Name:	Deposit Bank Account Number:	Deposit Bank Routing Number:
Fee Bank Name (If Different)	Fee Bank Account Number:	Fee Bank Routing Number:
Billing Method: Daily: Monthly:		

Equipment Information		
Type of Equipment Needed:	Batch Time:	Equipment Cost Billed to:

Notes

Required Documents
Copy of your **driver's license**.
Copy of a **Voided Check** or **Bank Letter** for the deposit account.
Three month's **Credit Card Processing** or **Bank Statements**

Signature _____