Pre-Application Information Sheet

The below fields will be used to generate an electronic application for signature.

Business Legal Name: _____

DBA Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Email: _____

Requested Service Start Date: _____ Is this date flexible? Yes No

Products/Services Sold: _____

Fed Tax ID: _____ Fed ID Month / Year Started: _____

Tax Filing Type? _____ **(Sole Proprietor, Partnership, Corporation – Public or Private)**

Tax Exempt Organization? Yes No Number of Employees? _____

Total Gross Annual Sales: _____ Estimated Annual Credit Card Sales: _____

Estimated Average $$ Credit Card Individual Sale Amount: _____

Estimated Highest $$ Credit Card Individual Sale Amount: _____

Signor (Must be officer or controller of private Corp., member LLC, or individual only of sole proprietorship):

Signor/Owner Name: _____

Signor Title: _____ Signor Email: _____

Signor Percentage ownership in company: _____% Signor Social Security #: _____

Signor Date of Birth: _____ Signor Home Phone: _____

Signor Home Address: _____

City: _____ State: _____ Zip: _____

Deposit Bank Name (checking only):

Bank Name: _____

Bank Account #: _____ Bank Routing #: _____

Bank Phone: _____

Please complete and return via email. An electronic application will be generated and emailed for e-signature. We will need a copy of a voided business check to complete setup of merchant processing accounts.