



Merchant Information Application



Business Legal Name _____

DBA Business Name _____

Business Address _____ City _____

State _____ Zip Code _____

Mailing Address _____ City _____

State _____ Zip Code _____

Business Phone _____ Personal Phone _____

Business Email _____ Website _____

State Organized _____ Years in Business _____ # of Locations _____

Business Start Date _____ Federal Tax ID _____

Business Type _____ % of Ownership _____

First Name _____ Last Name _____ Title _____

Home Address _____ City _____

State _____ Zip Code _____ DOB _____ S.S.# _____

Drivers License # _____ Expiration Date _____ State _____

Bank Name _____ Routing# _____ Account# _____

Wireless ___ DSL ___ Analog ___ Wifi ___

Batch Time _____ AM ___ PM ___

Tips – Yes ___ No ___ Average Ticket _____ Max Ticket _____ Monthly Volume _____

Tax Filing Method – EIN ___ SSN (If the Tax ID is different than their S.S. #, check EIN)

Type of Ownership – Government ___ Sole Prop ___ LLC ___ PC ___ NP ___ Partnership ___

Title – LLC Member ___ Owner ___ President ___ Secretary ___ Vice President ___

EBT/FNS # _____

Date _____ Sales Partner _____

*****Please make sure to submit with this application. A picture of merchants ID/Drivers License and a Voided Check to where merchant would like their funds deposited*****