



Merchant Service Application

Fax: 718-946-5026

MERCHANT INFORMATION - (Card Present – 75% or more)

Date: ____ / ____ / ____

Name of Corporation or Partnership _____

Merchant "Doing Business As" Name (if different) _____

Corp. Start Date ____ / ____ / ____ Business Started ____ / ____ Tax ID Number ____ - ____ - ____

Primary Merchant Contact _____ Tel. Number ____ - ____ - ____

Location

Street Address _____

City _____ State _____ Zip _____

Tel. Number (location) ____ - ____ - ____ Fax number ____ - ____ - ____

E-mail address _____ Web Address _____

Mailing / Billing (if different than location) Mail / email statements

Street Address _____

City _____ State _____ Zip _____

Tel. Number (mailing) ____ - ____ - ____ Fax number ____ - ____ - ____

BUSINESS INFORMATION

Describe the merchandise sold or service provided _____

Check method of advertising (include materials): Yellow Page Ad Catalog Direct Mail Letter/Brochure
 TV/Radio Telephone/Telemarketing Other _____

Type of Ownership: Sole Ownership Partnership Joint Venture LLC Corp Public Corp Private Corp
 Government Corp Non-Profit Corp Other _____

Business Environment: Storefront Office Door to Door Internet Business to Business Kiosk In Home
 Trade Show / Flea Market Job/Service Site Seminar Other _____

Monthly Visa / MasterCard Volume _____ Average credit card Sale _____

Amex MID# _____ If not, then Apply? Y N Discover, Apply? Y N

EBT (Food Stamps), Apply? Y N If Yes, FCS# _____

POS & Processing Software	Terminals, Qty & Models	PinPad, Qty & Model

OWNER / OFFICER INFORMATION (use reverse for additional owners/officers)

Name _____ Title _____ % of Ownership _____

Home Address _____

City _____ State _____ Zip _____

Home Tel. Number ____ - ____ - ____ Cell Number ____ - ____ - ____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

<p>CHECKLIST:</p> <p><input type="checkbox"/> Advertisement / Brochure</p> <p><input type="checkbox"/> Voided Check (preprinted with corp. name and address) -or- Letter from Bank</p> <p><input type="checkbox"/> Previous Statements – 3 consecutive months (if applicable)</p>	<p>Fax: 718-946-5026</p>
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