



General Information Sheet

For a new merchant application

Fax back to 866-333-6331.

Call 866-333-9331 with any questions.

BUSINESS INFORMATION:

Legal Business Name: _____ Tax ID#: _____ -

Ownership: ☐ Corporation ☐ Sole Proprietorship ☐ Non Profit ☐ LLC ☐ Partnership

Date Business Opened: ____ / ____ / ____ Date of Current Ownership: ____ / ____ / ____

DBA Name: _____ Contact Name: _____

Business Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Mailing Address: _____ City, State, Zip: _____

Type of Goods / Services Sold: _____ % of Card Present: _____

Mail or Telephone Orders: ☐ YES ☐ NO

PERSONAL INFORMATION (owner / officer):

Name: _____ Title: _____

Home Address: _____ City, State, Zip: _____

Home Phone #: _____ SS#: _____

Date of Birth: ____ / ____ / ____ Email Address: _____

SALES REPRESENTATIVE:

Rep Name: _____ Rep Number: _____

Rep Mailing/ Location Address: _____

City, State, Zip: _____ Phone #: _____

BANKING INFORMATION:

Bank Name: _____ Bank Contact: _____

Phone #: _____ Account#: _____ Routing: _____

ADDITIONAL CARD SERVICES DESIRED:

☐ American Express: *If already in use, Merchant ID#:* _____

☐ EBT: *If already in use, State Issued #:* _____

EQUIPMENT:

What type of equipment will you be using: ☐ Electronic Swipe ☐ Manual Imprint

If terminal / printer currently in use, model # and type: _____

Dial Mode: ☐ 9 Access ☐ 8 Access ☐ Pulse ☐ Tone ☐ IP / Digital Line