

Applicant Information



Ben V. Cruz III

Payments Processing Consultant

Nation-Wide Services Provided

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Date:

- New** **Returning Customer***

***Business Name:**

***Address:**

***State/Province:**

***Zip/Postal Code:**

***Tax ID Number:**

***Business Phone:**

***Business Fax:**

Owner / Officer Information

Name (1):

Home Address:

State/Province:

Zip/Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

Name (2):

Home Address:

State/Province:

Zip/Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

Business Organization Type

- Sole Proprietor***
- Corporation***
- Limited Liability Corp. (LLC)***
- Partnership***
- Not-for-Profit Organization***

Equipment Information

- Wireless Terminal**
- Standard Terminal (Telephone Line)**
- Phone Swiper(s)**
- Not Sure**

Special Needs or Requests:

PLEASE NOTE:

All telephone calls will be returned after 2:30 p.m. PST if you are in the Pacific or Central Standard Time. If you are on the East Coast, calls can be arranged before 9:00 a.m. EST. If you need to send a fax, please call ahead of time to make sure the fax is set up. You may fax to (559) 762-7113.

I will respond by phone call and by e-mail when I receive this request form within 24 hours. I am looking forward to work with you soon!

Ben Cruz