

Attached Required Document Checklist		email to: anna@vaultedsecurity.com	
Voided Check			
Business Verification Document			
Copy of Drivers License			
Managing Partner Name:			
Date Submitted:			
Merchant Application Submission Form			
Merchant (Business) DBA Name:			
Business Legal Name:			
Contact Name:		Contact Phone Number:	
Physical Address:		City, State, Zip:	
Phone Number:		Fax Number:	
Email Address:		Website:	
Billing Address:		City:	
State:		Zip:	
Business Type			
☐ Corporation - circle one: Private or Public		Business Start Date:	
☐ LLC - circle one: C corp S corp P partner D disregarded entity			
☐ Sole Prop ☐ Other:		EIN/Federal Tax ID#	Refund Policy? Yes No
☐ Partnership		Types of Goods Sold:	
Ownership Information (25% or more) *Might need information on all owners*			
Officer/Owners Name:		Title:	Social Security:
Home Address:		City, State, Zip Code:	
Drivers License#:		Expiration Date:	State:
DOB:		Home Phone Number:	
% of Business Owned: _____ %		Length of Ownership:	
Banking Information			
A copy of a voided check or a signed verification letter from the bank is <u>required</u> . *No Starter Checks Accepted*			
Name of Bank			
ABA Routing #			
Account #			
Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales) \$		Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales \$		Communication Method: IP-internet Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales \$			
Average Ticket \$		Terminal Type:	
High Ticket \$		Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal: Yes No	
Card Swiped: % Card Keyed In: % = 100%		Equipment Purchase: Yes No	
Card Present: % Card Not Present % =100%			
MOTO: % Internet: %		PIN Debit Pin Pad: Yes No	
Cash Discount or Traditional		POS Software Integration: Yes No	
Notes:		Software Name & Version:	
		Next Day Funding: Yes No	
		Tip Adjust: Yes No	
		Version: 001	