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|--|--|---------------------------|--|---|-------------------------|-------------------------|
| Attached Required Document Checklist | | Date | Fax to : 901-692-9499 | | Version:007.16 | |
| Voided Check | | Submitted: |  | | | |
| Business Verification Document | | | | | | |
| Copy of Drivers License | | | | | | |
| Merchant Application Submission Form | | | | | | |
| Merchant (Business) DBA Name: | | | | | | |
| Business Legal Name: | | | | | Website: | |
| Contact Name: | | | Contact Phone Number: | | | |
| Physical Address: | | | City, State, Zip: | | | |
| Email Address: | | | | | Phone #: | |
| Billing Address: | | | City, State, Zip: | | | |
| Biz Phone #: | | Biz Fax #: | | EIN/Tax ID #: | | |
| Business Type | | | | | | |
| Corporation - Pick One: | | Corp Type: | | Bus Open Date: | | |
| Refund Policy: | | Print Policy: | | (If yes input refund message) | | |
| Types of Goods Sold: | | | | | | |
| Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form | | | | | | |
| Officer/Owners Name: | | | Title: | | Social Security: | |
| Home Address: | | | City, State, Zip Code: | | | |
| Drivers License#: | | Exp Date: | | State Issued: | | |
| DOB: | | Home Phone#: | | | | |
| % of Business Owned: | | % | | Length of Ownership: | | |
| Banking Information ** No starter checks or deposit slips accepted ** | | | | Terminal Questions (Circle your answer) | | |
| Name of Bank | | | Batch Out Time (for nextday funding 7:00 PM): | | | |
| ABA Routing # | | | Communication Method: | | | |
| Account # | | | Do you dial 9 for outside line? | | | |
| Estimated Sales Volume | | | Terminal Type: | | | |
| Estimated Annual Sales (All sales) | | \$ | | Reprogram Terminal: | | |
| Estimated Visa/MC/Discover Sales | | \$ | | Equipment Purchase: | | |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | | \$ | | Equip. Rental Program: | | |
| Average Ticket | | \$ | | Next Day Funding: | | |
| High Ticket | | \$ | | Tip Edit: | | |
| First two sections must equal 100% respectively | | | | EBT: | | FNS Number: |
| Card Swiped: | | % Card Keyed In: | | % = 100% | | Tax Calculation: |
| Card Present: | | % Card Not Present | | % =100% | | If so tax rate: |
| MOTO: | | | | Software or POS Integration Questions Only | | |
| Internet: | | % Program Type: | | POS Software Integration: | | |
| Notes: | | | | Software Name & Version: | | |
| | | | | MP/AP Name: | | |
| | | | | RP Name: | | |
| | | | | Pricing Provided: | | |
| Receipt Header Message: | | | | | | |
| Receipt Footer Message: | | | | | | |