Attached Required Document Checklist									
Voided Check		1							
Business Verification Document		email to:	`	V					
Copy of Drivers License	vaultedsecurity.com	VAI	JLTED						
Managing Partner Name:		SE	ECURITY						
Date Submitted: Morchant Application Submission Form									
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 Publ	ic	Business Start Date:							
LLC - circle one: C corp S corp P partn	er D disregarded entity								
Sole Prop Other:	EIN/Federal Tax ID#		Refund Policy	y? Yes	No				
─ Partnership	Types of Goods Sold:		<u></u>						
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#:	e: State:								
DOB:	Home Phone Nu			umber:					
% of Business Owned:%	Length of Ow	nership:							
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 Volu	ma	Termi	nal Questions						
Estimated Annual Sales (All sales)		Batch Out Time:	iai Questions						
Estimated Annual Visa/MC/Discover/ AMEX Sale	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Communication Method:	IP-internet D	Dial-phone V	WIFI				
Estimated Monthly Visa/MC/Discover/ AMEX Sal	es \$								
Average Ticket	Terminal Type:								
High Ticket	Pin Pad Type:								
First two sections must equal 100% respec	ctively	Reprogram Terminal:	Yes	No					
Card Swiped: % Card Keyed In:	% = 100%	Equipment Purchase:	Yes	No					
Card Present: % Card Not Present	%=100%								
MOTO: % Internet: 9	6	PIN Debit Pin Pad:	Yes	No					
Cash Discount or Traditional		POS Software Integration:		No					
Notes:		Software Name & Version							
		Next Day Funding:	Yes	No					
		Tip Adjust:	Yes	No					

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		Additional Owner Information	on:			
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:				
		Additional Owner Information	on:			
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:				
		Additional Owner Information	on:			
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:				
		Additional Owner Informatio	on:			
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:				