



Date Submitted: Apr, 10 2024 09:42am

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Williams Brothers
Contact Name: Jane Crosswhite
Phone Number: 1234567890
Email Address: williamsbros@bellsouth.net
Business Legal Name: Williams Brothers, Inc
Contact Phone Number: 6017509990
Physical Address: 10360 Road 375
City: Philadelphia
State: MS
Country: USA, 30350
Fax Number:
Website:

**Business Type**

State Incorporated In: Arizona (AZ)
Type of Legal Entity: Sole Proprietor
Business Type: Lodging (Hotel/Motel)
Business Start Date: Apr, 26 2024
EIN/Federal Tax ID Type#: Employer Identification Number
EIN/Federal Tax ID#: 456
City, State, Country, Zip: city dummy, state dummy, dummy, 631245
Types Of Goods Sold:

**Terminal Questions**

Batch Out Time: 11:00 AM
Communication Method: Dial-phone
Do You Dial 9 For Outside Line?: Yes
Reprogram Terminal: No
Equipment Purchase: Yes
Equipment Rental Program: Yes
Next Day Funding: No
Tip Edit: Yes
EBT: No
FNS Number:
Tax Calculation: Yes
If So Tax Rate: 1.3%
Refund Policy: 30 Days
Print Refund Policy On Footer: No

**Software Or POS Integration Questions Only**

POS Software Integration: No
MP/AP Name:
Receipt Header Message:
Receipt Footer Message:
Software Name & Version:
RP Name:
Pricing Provided: Quote

#### Billing Address

Address: 10360 Road 375  
 State: MS  
 City: Philadelphia  
 Country: USA  
 Zip: 30350

Ownership Information if multiple owners fill out additional ownership form

## Owner 1 Information

Officer/Owners Name: **Abc**  
 Title: **Def**  
 Home Address: **d**  
 Drivers License#: **#123**  
 DOB: **May, 01 2023**  
 Home Phone Number: **9696852365**  
 Social Security: **123**  
 City, State, Zip Code: **test city, Punjab, , 101010**  
 Form of ID: **Drivers License**  
 Issue Date: **Apr, 01 2024**  
 Expiration Date: **Jun, 30 2024**  
 State: **PB**  
 % Of Business Owned:  
 Length Of Ownership:

## Owner 2 Information

Officer/Owners Name: **Demo**  
 Title: **Test**  
 Home Address: **d**  
 Drivers License#: **#456**  
 DOB: **Apr, 01 2022**  
 Home Phone Number: **9988441133**  
 Social Security: **9633**  
 City, State, Zip Code: **city dummy, state dummy, dummy, 631245**  
 Form of ID: **State Issued ID**  
 Issue Date: **Jan, 01 2024**  
 Expiration Date: **Dec, 31 2024**  
 State: **Punjab**  
 % Of Business Owned: **56**  
 Length Of Ownership:

#### Banking Information \*\* No starter checks or deposit slips accepted\*\*

Billing Type: **Gross Settlement**  
 Name Of Bank: **SBI**  
 Account #: **45454545**  
 ABA Routing #: **99663355**

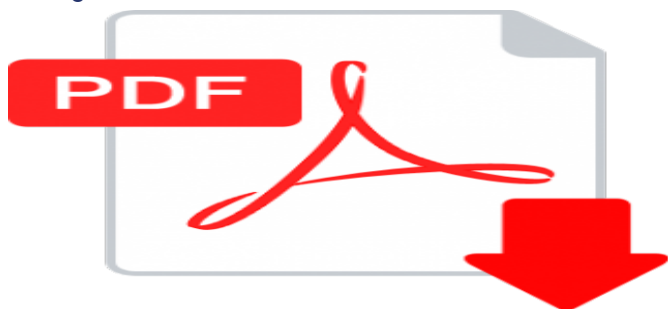
#### Estimated Sales Volume

Estimated Annual Sales Visa/MC/Discover/ AMEX Sales : \$
Estimated Monthly Visa/MC/Discover/ AMEX Sales: \$
Average Ticket: \$
High Ticket: \$

**Business Profile**

Card Swiped 0% Card Keyed In 0% = 0%
Card Present 0% Card Not Present 0% = 0%
MOTO 0% Internet 0% IBUXX
Note:

**Driving Licence Front:**



**Driving Licence Back:**



**Voided Check:**

