

Company Information

Company "Legal/Corporate" Name: _____

FULL Company Legal/Corporate Address: _____
Street City State Zip Code

Company "Doing Business As" Name: _____ Legal/Corp Ph. #: _____

FULL Physical Business _____
Street City State Zip Code

Business Location Is: Retail Location with Store Front Office Building Internet Residence Other: _____

Business Area Zone: Commercial Industrial Residential

Business/DBA Ph#:	Email:		Fax #:	
Website URL:	Federal Tax ID: -	Yrs. in Business:	Yrs. Owned Business:	State of Incorpor:
Bank Name:	Bank Contact Name:		Bank Ph#:	

Business Type: Corporation Sole Proprietor Joint Venture Private Corp Public Corp Partnership Tax Exempt Single Member LLC Multi Member LLC
 Civic Assoc Limited Partnership Other :

Do You: Own Lease Your Business Premises? **Approx. Sq. Footage:** _____

Landlord Name (If Applicable): _____ **Landlord Phone #:** _____

Business Supplier:

Business Supplier Name: _____ **Contact Name:** _____

Business Supplier Address: _____ **Contact Ph. #:** _____

Owner/Officer Information

Owner/Officer 1 Name: _____ **Owner/Officer 2 Name:** _____

Title: _____ **D.O.B** _____ **Title:** _____ **D.O.B** _____

SSN #: - - _____ **% Ownership:** _____ **SSN #:** - - _____ **% Ownership:** _____

Full Home Address (NO PO BOX): _____ **Full Home Address (NO PO BOX):** _____
Street Street

City _____ **State** _____ **Zip Code** _____ **City** _____ **State** _____ **Zip Code** _____

Years at Address: _____ **Ph #:** _____ **Years at Address:** _____ **Ph #:** _____

Driver's License #: _____ **Issued:** _____ **Driver's License #:** _____ **Issued:** _____

State: _____ **Exp. Date:** _____ **State:** _____ **Exp. Date:** _____

Email: _____ **Email:** _____

Sales Volume and Information

Would you like to accept American Express? Yes No Already Do, Merchant #: _____ **Highest Ticket/Sale Amount:** _____

Average Ticket/Sale Amount: _____ **Average Monthly MC/Visa/Discover Sales (approx. amount)** _____

Terminal Auto Close: Yes No **Percent of Business (Must = 100%)** _____
_____% Card Swiped _____% Keyed (Card Present) _____% Keyed (Card NOT Present)
Sales Method (Must equal 100%) _____
_____% Store Front (Cardholder Present) _____% Mail/ Phone Order
_____% Internet Services (e-commerce) _____% Other, specify: _____

Return Policy: 7-Day Refund 30-Day Refund Exchange Only None Other Specify): _____

Trade Reference

Company Name: _____ **Individual Name:** _____

Phone #: _____ **Address:** _____

Signatures:

Owner 1 Signature _____
Date _____

Owner 2 Signature _____
Date _____