

Business Legal Name: _____
DBA Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____
Email: _____
Requested Service Start Date: _____ Is this date flexible? Yes No

Products/Services Sold: _____
Fed Tax ID: _____ Fed ID Month / Year Started: _____
Tax Filing Type? _____ (Sole Proprietor, Partnership, Corporation – Public or Private)

Tax Exempt Organization? Yes No Number of Employees? _____
Total Gross Annual Sales: _____ Estimated Annual Credit Card Sales: _____ Check\$: _____
Estimated Average \$\$ Credit Card Individual Sale Amount: _____ Check\$: _____
Estimated Highest \$\$ Credit Card Individual Sale Amount: _____ Check\$: _____

Signor (Must be officer or controller of private Corp., member LLC, or individual only of sole proprietorship):

Signor/Owner Name: _____
Signor Title: _____
Signor Percentage ownership in company: _____% Signor Social Security #: _____
Signor Date of Birth: _____ Signor Home Phone: _____
Signor Home Address: _____
City: _____ State: _____ Zip: _____

Deposit Bank Name (checking only):

Bank Name _____
Bank Account #: _____ Bank Routing #: _____
Bank Phone: _____

Products and Services

Please check products and services below that you think would help grow your business.

- | | |
|--|--|
| <input type="checkbox"/> PIN debit/contactless/EMV payment | <input type="checkbox"/> Gift Card Program |
| <input type="checkbox"/> Check guaranty services | <input type="checkbox"/> Free Supplies/equipment warranty program |
| <input type="checkbox"/> eCommerce | <input type="checkbox"/> Point of Sale system |
| <input type="checkbox"/> Cash Advance against future receivables | <input type="checkbox"/> TransArmor to secure card payment data at point of sale |
| <input type="checkbox"/> Mobile/Wireless payment acceptance | |