

Preliminary Merchant Worksheet

A fully completed and signed Merchant Processing Agreement and Application is required to establish a merchant processing account.

Business Information

Client's Business Name (Doing Business As):		Client's Corporate/Legal Name as it appears on your Income Tax Return:	
Location Address:		Corporate / Legal Address:	
Location City / State / Zip:		Corporate / Legal City / State / Zip:	
Location Phone:	Location Fax:	Corporate / Legal Phone:	Corporate / Legal Fax::
Contact Name:		Contact Email Address and Phone:	
Type (Corp, LLC, Sole Prop, Part)	Date Business Started:	Federal Tax ID:	
Description of Merchandise, Products or Services Sold:		No. of Locations: (attach additional location address and contact information)	

Owner / Partner / Office Information

Name (First, MI):	Name (Last):	Title:	Ownership %:
Home Address (No PO Box):		Home City / State / Zip:	
Home Phone:		Social Security Number:	Date of Birth

Financial and Bank Card Information

Annual Sales Volume (All Sources):	Annual MC/Visa/Discover® Network Volume:	Average MC/Visa/Discover® Network Ticket:	Highest Ticket Amount:
Amex SE # or Amex One Point:	Pin Debit Y/N:	JCB #:	Other # (Specify Card):

Bank Information

Bank Name:	Bank Contact and Phone:
Transit / Routing Number:	Deposit Account Number:
Please provide a voided check for each bank deposit account	

Please fax your completed worksheet and voided check to 866-365-1703.
If you have questions or require additional information please call (800) 989-2135