

## 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:	
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):		Date of Birth:	
Home City / State / Zip:		Social Security Number:	
Home Phone:		Drivers License # and State:	

### 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:
American Express #:	Discover®Network #:	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 415-520-0895.  
If you have questions or require additional information please call 800-989-2135.