

MERCHANT ACCOUNT SETUP FORM

MCC:	MERCHANT #(ASSIGNED BY BANK)	
Office #:	Rep #:	

BUSINESS NA	AME(S) (PLEASE	PRINT CLE	ARLY)						
Exact Legal Name (as shown on Federal Tax Return):					Business DBA Name:				
Mailing/Billing Address:					Physical Street Address (if different from mailing address):				
City, State, Zip:					City, State, Zip:				
Corporate Phone #:	Fax #:				DBA Phone #:	DBA Phone #: DBA Contact:			
Email Address (REQUIRED):					Website Address:				
MERCHANT Type of Ownership: □	PROFILE (BE A				ability Co. □ Not for Pro	ofit □ City/Governme	nt Federal Tax	#: _/_ <i>/</i> _/_/_/_/_/	
Type of goods or services sold:					Have you ever accepted Visa/MasterCard/American Express/Discover/PayPal? \(\sigma\) Yes \(\sigma\) No If Yes, list name of most recent processor:				
Years Applicant Owned Business: # of Locations:					Hours of Operation: M-F: Sat/Sun:				
TICKET SIZE				BANKCARD	SALES PROFILE	(BE ACCURATE)	MERC	HANT TYPE	
REQUESTED TICKET SIZE*:	AVERAGE:	HIGH:		Card Swipe:	Imprint.	%	□ Retail □ Restaurant	☐ Lodging/Car Rental☐ B2B	
MONTHLY VOLUME*:	AVERAGE:	HIGH:		Card Present: Mail/Telephone Order:		%	 □ Service	☐ City/Government	
ANNUAL VOLUME:	AL VOLUME:			Internet:		%	□ Seasonal □ Internet		
OWNERS / CER	Monthly Volume amoun	BENEFICI	* * *	Total:		100 %	□ МОТО		
1. Legal First Name:	Full Legal Middle Name: Legal Last Name:			Title:	Date of Birth:	SSN:	Phone #:		
Residence Address:	L		ı		City:	State:	Zip:	% Ownership:	
X #1 FROM AP	PLICATION - SIGN	IATURE		TITLE			DATE	<u> </u>	

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