

Merchant Application and Agreement Information Addendum

The Merchant Application and Agreement that you have submitted is missing certain information. The un-shaded portion(s) of this form indicate the information that is required. Please complete the un-shaded portion(s), sign and date the form and return it to the address/fax listed on the bottom of the form. This form shall be incorporated into your previously submitted Merchant Application and Agreement.

BUSINESS NAME(S)			
Legal Name of Business:			
DBA (doing business as):			
MERCHANT PROFILE ("BUSINESS")			
Mailing/Billing Address:		Business Open Date:	Length of Current Ownership:
City, State, Zip:		Combined Estimated Monthly Volume for MC/V:	# of Locations:
Contact Name:		Typical Ticket/Sales Amount for MC/V:	Estimated Highest Ticket/Sales Amount for MC/V:
Phone Number:	Fax Number:	Type of Business:	Type of Goods/Services Sold:
Merchant E-Mail Address:	Merchant URL:	Site Inspection Performed: <input type="checkbox"/> Yes If yes, see attached <input type="checkbox"/> No	
Location Address (if different from Mailing):		Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months: _____	
City, State, Zip:		Swiped _____ % Keyed with Imprint _____ % Keyed without Imprint _____ % TOTAL 100%	Face to Face _____ % Mail Order (MO) _____ % Telephone Order (TO) _____ % Internet _____ %
Country:	Contact Name:		
Phone Number:			
Fax Number:			TOTAL 100%
OWNERSHIP INFORMATION			
51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application. <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			Federal Tax ID # (9 digits):
Owner 1/Partner/Officer Name:		Title in Business:	Ownership %
Home Address:		City, State, Zip:	
Social Security #:		Phone Number:	DOB:
Owner 2/Partner/Officer Name:		Title in Business:	Ownership %
Home Address:		City, State, Zip:	
Social Security #:		Phone Number:	DOB:
SETTLEMENT ACCOUNT (you MUST attach a voided check)			
We will automatically debit your Settlement Account for any amounts owed to us under the Merchant Application and Agreement.			
A voided check from this account must be attached	<input type="checkbox"/> Checking Only	Contact Name:	Bank Name:
	Phone Number:	Transit Number:	DDA Number:

Print Name of Principal or Corporate Officer

Signature (Title)Date

Print Name of Principal or Corporate Officer

Signature (Title)Date

Fax or mail to:
