

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:	
Locations 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:	
Business Type (Corp, LLC, Sole, Part):	Date Business Started:	Federal Tax ID:	No. of Locations:
Description of Merchandise, Products or Services Sold:		Website:	

Owner/Partner/Officer Information

Legal Name (First, Middle Initial):	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 Credit/Debit Volume:	Average Credit/Debit Card Sale:	Highest Credit/Debit Card Sale:
Amex SE or AMEX Opt-In	PIN Debit Y / N:		

Bank Information

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

Please fax your completed worksheet and voided check/bank letter to (888) 835-2077

If you have questions or require additional information please call (800) 989-2135