



QUICK APP

Sales Agent: _____
Ops Director: _____

Date: _____
Finance Director: _____

BUSINESS INFORMATION

Legal Business Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____
Fax: _____
Contact: _____
Contact Title: _____
Email: _____

DBA Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____
Fax: _____
Contact: _____
Contact Title: _____
Website: _____

Business Type: ☐ Corporation ☐ Sole ☐ LLC ☐ GOV
☐ Partner ☐ Non-Profit ☐ Tax Exempt

Fed Tax ID: _____

Ownership Type: _____

Business Desc/Goods Sold: _____

State of Incorporation: _____ **Date Started** _____

OWNERS / OFFICERS & DEPOSITORY ACCOUNT INFO

Name: _____ Title: _____ Equity %: _____ Applicant's SS#: _____ Date of Birth: _____
Home Address: _____ City, State, Zip: _____ Years: _____ Home/Cell Phone#: _____ Driver's License #: _____
Bank Name: _____ Routing #: _____ (9 Digits)
Bank Phone #: _____ Acct #: _____
Acct Type: _____

ACCOUNT INFORMATION

Monthly Volume	Equipment	Qty	Type / Manufacturer
Average Ticket	Terminal	_____	_____
High Ticket	POS/VAR	_____	_____
V//MC Rate	VT/Gateway	_____	_____
Trans Fee	Mobile	_____	_____
Statement Fee	PIN Pad	_____	_____
Reprogram ☐	Shopping Cart	_____	_____
Placement ☐	Connectivity ☐ Dial ☐ IP/High Speed	_____	_____
☐ Equipment Purchase	Auto Close ☐ Time:	_____	_____

Percent of Business (Must Be 100%)		
Card Swiped %	Keyed %	Keyed w/out Imprint %

Sales Method		
Store Front %	Off Premise %	Mail / Phone Order %
Trade Show %	Other %	Internet %

Card Acceptance: Visa ☐ Mastercard ☐
Discover ☐ AMEX ☐

Current Gift / Loyalty Card Program?
Yes ☐ Vendor? _____

When Is Card Charged? ☐ When Service Provided
☐ In Advance

Mode of Transactions: In Person _____ % Telephone _____ % Online _____ %

Are Services Generally Charged In 30 Days or Less?
☐ Yes ☐ No

Seasonal Business? ☐ Yes ☐ No

Is Your Refund Policy 30 Days or Less? ☐ Yes ☐ No

Timeperiod Products/Services Delivered In _____ Days?