



**Merchant Processing  
Initial Questionnaire  
fax to: (866) 850-7444**

Please Check Appropriate Box:	Association Name: _____	
<input type="checkbox"/> Retail Sales Only	<input type="checkbox"/> Internet Sales Only	<input type="checkbox"/> Retail & Internet Sales

Business DBA: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Business: \_\_\_\_\_ Product/ Service: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signer's Name: \_\_\_\_\_ Signer's Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fed Tax ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License #: \_\_\_\_\_ DL State: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Banking Info: Bank Name \_\_\_\_\_ ABA# \_\_\_\_\_ Acct# \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Trade Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

% of Retail credit card sales: \_\_\_\_% + % of total Internet credit card sales \_\_\_\_% = 100%

Annual Visa/MC Volume: \$ \_\_\_\_\_, \_\_\_\_\_ .00 Average Ticket/Charge: \$ \_\_\_\_\_, \_\_\_\_\_ .00

List the type of equipment you currently use (ie: Hypercom T7P): \_\_\_\_\_

What card types do you currently accept? (Please check all that apply)

- Visa/MasterCard  Debit/ATM  American Express  Discover  Diners Club  JCB

Discover M#: 6011 \_\_\_\_\_ AMEX M#: \_\_\_\_\_