

# MERCHANT PROCESSING APPLICATION AND AGREEMENT

Agent Code

Merchant #

Sales Rep Signature: \_\_\_\_\_

Print Sales Rep Name:

Sales Rep Phone #:

CardCo2211(ia)

**BUSINESS INFORMATION**

CardCo2211(ia)

Legal Name of Business:	Business Open Date:	State Organized:	Type of Business:						
DBA Name:	Types of goods or services sold:								
Location Address:	Current length of ownership:	# of Locations:							
City, State, Zip:	Average Monthly Volume VS/MC/DSVR/AMEX:	\$ _____							
Contact Name and Title:	Average Ticket Amount VS/MC/DSVR/AMEX:	\$ _____							
Phone:	Fax:	Face to Face	%						
Email Address:	Swiped	%	MOTO (mail order)	%					
Website Address: http://	Keyed	%	Internet	%					
Mailing Address (if different from location):	<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>					
City, State, Zip:	Products / Services are delivered in: <b>TOTAL = 100%</b>								
Country:	Contact Name:	0-7 days	%	8-14 days	%	15-30 days	%	over 30 days	%
Phone:	Fax:	Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months:							
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name/address:		Please identify any Software used for storing, transmitting, or processing Card transactions or authorization reports:							

**OWNERS/OFFICERS INFORMATION** Sole Proprietor  LLC  Partnership  LP  Corporation  Other: Choose

Name (as it appears on your income tax return)

FEDERAL TAX ID #  
(as it appears on your income tax return) I certify that I am a foreign entity/nonresident alien.  
(If checked, please attach IRS Form W-8.)**NOTE:** Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

Please provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business

Owner 1 / Principal Name:	Title:	% of Ownership:	Date of Birth:	Social Security #:
Current Residence Address:	City, State, Zip:		Phone #:	Mobile Phone #:
Owner 2 / Principal Name:	Title:	% of Ownership:	Date of Birth:	Social Security #:
Current Residence Address:	City, State, Zip:		Phone #:	Mobile Phone #:
Owner 3 / Principal Name:	Title:	% of Ownership:	Date of Birth:	Social Security #:
Current Residence Address:	City, State, Zip:		Phone #:	Mobile Phone #:
Owner 4 / Principal Name:	Title:	% of Ownership:	Date of Birth:	Social Security #:
Current Residence Address:	City, State, Zip:		Phone #:	Mobile Phone #:

**BANK ACCOUNT (Include a voided check when submitted)**

Bank Name:	Routing #:	Account #:
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**EQUIPMENT/GATEWAY/DOWNLOAD INFORMATION**

<input type="checkbox"/> CardPointe Gateway <input type="checkbox"/> API <input type="checkbox"/> Merchant Center VT			Equipment Cost Billed to Merchant: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rental • Purchase • Customer Owned	QTY	IP	Equipment Category	Equipment Name	Authorization Network	Unit Price w/o Tax and S&H	For Customer-Owned Equipment Track/Version/Serial #
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	