

## US Business Finance HIGH RISK Credit Card Form

### MERCHANT INFORMATION

DBA Name/Name of Location		Legal Name (If Applicable)																		
Street Address		Street Address																		
City, ST, Zip		City, ST, Zip																		
Contact Name		Phone Number					Contact Name													
Email Address		Web Page Address																		
Phone Number		Fax Number			Date Business Started					Length of Ownership										
Current Processor		Reason for Changing					Fed Tax ID # / SSN													

### MERCHANT PROFILE

Do You Own or Lease the Business Premises? <input type="checkbox"/> Own <input type="checkbox"/> Lease – Term? _____		
Form of Business Ownership?	<input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> Tax Exempt Organization (501C)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Government <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Other _____	
What are the normal business hours? Daily from: _____ to: _____ Days Closed: _____		
Is the business seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes, Months closed: _____		

### OWNERS / OFFICERS: Please provide a minimum of 50% ownership

Name		Title		Date of Birth		Home Phone	
Residence Address		City		State	Zip		How Long?
		% Business Ownership		Social Security #		Ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Year?	
Former Address (if less than 2 years)		City		State	Zip		How Long?
Name		Title		Date of Birth		Home Phone	
Residence Address		City		State	Zip		How Long?
		% Business Ownership		Social Security #		Ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Year?	
Former Address (if less than 2 years)		City		State	Zip		How Long?

### CARD TYPE SETUP

TYPE			ACCOUNT NUMBERS – OTHER CARDS										Please write in your <b>EXISTING</b> Account Numbers								
American Express	<input type="checkbox"/> New	<input type="checkbox"/> Existing																			
JCB		<input type="checkbox"/> Existing																			
Diners Club / Carte Blanche	<input type="checkbox"/> New	<input type="checkbox"/> Existing																			
Discover	<input type="checkbox"/> New	<input type="checkbox"/> Existing																			
Check Service	<input type="checkbox"/> New	<input type="checkbox"/> Existing																			

### EXISTING EQUIPMENT

Terminals: _____	Printers: _____	PIN - Pad: _____	Other: _____
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### SPECIAL INSTRUCTIONS

Auto Close: <input type="checkbox"/> No <input type="checkbox"/> Yes – What Time? _____	<input type="checkbox"/> Eastern	<input type="checkbox"/> Central	<input type="checkbox"/> Mountain	<input type="checkbox"/> Pacific
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