

US Business Finance Standard 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"/> 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 EXISTING 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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