

Legal Name: _____

Legal Address: _____

City: _____ State: _____ Zip: _____

DBA Name: _____

DBA Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Years in Business: _____ Website: _____

EIN: _____ or SSN: _____ Products Sold: _____

Business Type: Sole Proprietor Corporation LLC Non-Profit

Ticket Size: _____ Average Ticket Amount _____ High Ticket Amount _____ Monthly Volume

Pricing: _____ IC+ _____ Dual Pricing _____ Surcharging _____ Flat Rate

Principal's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Cell: _____ Email: _____

Checklist to be included:

- Copy of Signer's Driver's License
- Voided Check or Bank Letter
- Deployment Form
- Processing Statements, if applicable
- Signed MPA