Merchant Information Sheet



Once completed please email or fax back to my attention.

| DBA Name: | Contact Person: |
|--|--|
| | Email Address: |
| (No P.O Boxes) DBA City, ST, Zip: | DBA Phone: |
| Business Start Date: | Business Web Address: |
| Type of Ownership: Osole Prop Ocrporation | ○ LLC |
| Products/Services Sold: | |
| Do you require a deposit? Yes No | If so, what percent? |
| How long does it take for your customer to get the product they paid for? | |
| Legal Business Name: | _ Contact Person: |
| Legal Business Address: | Legal Phone: |
| | Number of Locations: |
| Legal City, ST, Zip: | _ IRS/Federal Tax ID Number: |
| Place of Legal Formation: | |
| For security purposes, banking information will be collected during the electronic signature process. At that time, please be prepared to provide your bank name, name on account, account type, (checking), bank account #, bank routing #. | |
| Owner 1 Name : | _ % of Ownership: |
| Business Title: | Social Security Number: |
| Home Address: | Cell Phone #: |
| City, St, Zip: | DOB: |
| Email Address (required for Electronic Application Delivery): | |
| | % of Ownership: |
| Business Title: | Social Security Number: |
| Home Address: | Cell Phone #: |
| City, St, Zip: | DOB: |
| Email Address (required for Electronic Application Delivery |): |
| Card Acceptance: Card Swipe Internet/E-C | Commerce O Mobile O Manual Key Entry |
| Terminal Point of Sale: | Make/Model: |
| (Hardware/Software): Monthly MC/VIA/DISC Volume \$ | Connection Type: ODirect to Router Wi-Fi ODial Telephone |
| Average Transaction Size \$ | Pin-Pad (Make/Model): |
| Highest Single Transaction \$ | |

Account Executive Contact Information: