Credit Card Information Form

1 Business Informa	ation						
Business Name (DBA)			Produc	cts/Services So	ld:		
DBA Location Address							
City, State, ZIP							
Location Phone				Location	on Fax:		
Business Contact Name							
Website (required for E-commerce)				Contac	ct Email:		
Business EST Date	Length of Current Ownership:						
Banking Information	Account #	Account # Routing #:					
2 Ownership Info	ALL owners with 25% or more ownership must be listed						
Owner/Officer Name	Percent of Ownership:						
Home Address							
City, State, ZIP				Home/Cell Phone:			
Social Security Number				Date of Birth:			
Driver's License Number				State Issued By:			
Issued Date				Expiration Date:			
2 nd Owner (if applicable)				Percent of Ownership:			
Home Address							
City, State, ZIP				Home/Cell Phone:			
Social Security Number				Date of Birth:			
Driver's License Number				State Issued By:			
Issued Date				Expiration Date:			
3 Tax Identification	The Below Data Must Match Income Tax Returns Exactly *** LLC = please select one of the tax classifications from the dropdown menu						
Federal Tax ID Number							
Corp Name If different than DBA							
Corp Address If different than DBA							
City, State, ZIP							
Business Structure	O Sole-Proprietor	O Closely I			O***LLC	O Sub Chapter S	
○ Non-Profit	OPartnership	O Publicly I Corporat			○ Trust	○ Government	
Monthly Volume: Annual Volume:			Average Ticket:				
High Ticket (largest dollar am	nount for a single transaction):	for a single transaction):			Frequency High Ticket is Reached (Yearly):		
Seasonal Business?							
	If Yes, Indicate Proc	essing	Month	ns:			
4 Card Acceptance	· ·	essing	Mont	ns:			
	· ·			ns: Order %		Internet %:	
4 Card Acceptance Transactions		Tele/	Mail (Internet %:	
4 Card Acceptance Transactions	Face to Face %:	Tele/	Mail (Order %	applicable	Internet %:	
4 Card Acceptance Transactions Cards Accepted	Face to Face %:	Tele/	Mail () AM	Order % IEX se##	applicable	Internet %:	