

# Request for Merchant Application

Agent

Date

**Please fill out the form below and submit the Required Documents:**

Name of Business

# of Locations

# of Years owned?

EIN (Fed. Tax ID#)

Physical Address

*(if applicable)*

Company Structure:

- Sole Prop  Partnership  C Corp  S Corp  501 C/Tax Ex  LLC/LLP  Govt

**Please describe the Merchant's requested Equipment, Internet & Wi-Fi Setup?**

**Which program is the Merchant enrolling in?**

- Cash Discount  Traditional Interchange

**Business Owner / Signer #1**

Name

SSN

Ownership %

Email

Ph#

**Business Owner / Signer #2 (if applicable)**

Name

SSN

Ownership %

Email

Ph#

**Required Documents**

ID of Signer(s) ● Business License ● Voided Check ● Merchant Statement  
(Current Provider)