

Credit Card Processing Business Profile

Business Information:

Business Name: _____ Corporate Name: _____

(exactly as it appears on your tax return)

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Primary Contact: _____ Legal Contact: _____

Email Address: _____ Email Address: _____

Website Address: _____ Preferred Correspondence Address: ☐ Personal ☐ Business

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Tax Exempt

Years Business Owned: _____ Federal Tax ID #: _____

Average V/MC Ticket: _____ Estimated Annual V/MC Sales: _____

Existing Amex (10 digits): _____ Statement Address: ☐ Use DBA ☐ Use Legal

(Important Amex Note: If customer has an existing Amex account, provide the current account number.

If the customer would like to establish an Amex account, insert 'New'. If the customer does not wish to accept Amex, insert 'No')

Owner Information:

Owner/Officer Name: _____ Email Address: _____

Social Security Number (Last 4 Digits): _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Years at Address: _____ Your home: ☐ Own ☐ Rent Home Phone: _____

Driver's License Number: _____ Have you had any prior bankruptcies?

State: _____ Issue Date: _____ Expiration Date: _____ Personal: ☐ YES ☐ NO Business: ☐ YES ☐ NO