

E-sign Application Questionnaire

Business Information

Business DBA Name: _____

Business Legal Name: _____

Business Address: _____

Business Phone # _____ Email: _____

Products or Service Sold: _____ How Long in Business: YRS _____ MTHS _____

Tax ID # _____ Business Website: _____

Owners or Officers Information

Full Name: _____ Title: _____ Ownership % _____

Home Address: _____

Cell Phone # _____ Date of Birth _____ Social Security # _____

Business Profile

Type of Ownership: Sole Prop Corp LLC Other

Swipe % _____ Moto/Key In % _____ E-comm % _____

VS/MC/DS Mo. Vol \$ _____ Amex Mo. Vol \$ _____ Avg Sale \$ _____ High Sale \$ _____

Equipment Set Up

Merchant Program: TRADITIONAL CREDIT SURCHARGE CASH DISCOUNT

How Many Terminals: _____ Terminal/POS Model _____ Pin Pad: YES NO

Terminal Connection: ETHERNET IP DIAL WIRELESS 3G WIFI

Auto Batch: YES Time: _____ (EST / CST / MST / PST) Tip Line: YES NO

Monthly Service Fee: \$ _____

Notes (ex. Different Mailing Address , Additional Owner Info)

Additional Equipment Info

