

Credit Card Processing Information Sheet
Please Fax Back
(623)-551-6828

Business Information

Legal Business Name: _____
Doing Business As: _____
Location Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
Billing Address (if different): _____
City: _____ State: _____ Zip: _____ Phone: () _____
Ownership (check one) Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____
Type of Business _____
Goods/Services Sold: _____
Website Address: _____ Email Address: _____
Federal Tax ID: _____

Ownership Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
Have you ever declared bankruptcy? _____ If yes, when? _____
Date Business Started: _____

Current Service Information

Previous Processor: _____
Ever Terminated as a Visa/MC Merchant? _____
Average Ticket Amount: _____ High Ticket Amount: _____
Average Monthly Volume: _____ High Monthly Volume: _____

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