

Merchant Account Group
 Agent Office 047
 (561) 451-2654 / Fax: (561) 321-2134
 sales@merchantaccountgroup.com

When completed, please FAX this form back to:

Attn:
 APPROVAL DEPT.

FAX: (561) 321 -2134

LEGAL BUSINESS NAME			TYPE OF BUSINESS (CIRCLE ONE) CORP PARTNERSHIP SOLE PROPRIETOR		
DOING BUSINESS AS (DBA)			FEDERAL TAX ID / SSN		
CONTACT NAME	BUSINESS PHONE	BUSINESS FAX	EMAIL ADDRESS		
BUSINESS ADDRESS (PHYSICAL LOCATION)			CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS			CITY	STATE	ZIP CODE
TYPE OF PRODUCT/SERVICE			DATE BUSINESS STARTED		YEARS AT LOCATION

PRINCIPAL #1 NAME		TITLE	SSN	DATE OF BIRTH	DRIVER'S LIC # & STATE	
ADDRESS		CITY	STATE	ZIP CODE	HOW LONG?	RENT / OWN
HOME PHONE		ALT PHONE (FAX, PAGER, CELL)		PERSONAL CREDIT (CHECK ONE) XLNT GOOD FAIR POOR		
PRINCIPAL #2 NAME		TITLE	SSN	DATE OF BIRTH	DRIVER'S LIC # & STATE	
ADDRESS		CITY	STATE	ZIP CODE	HOW LONG?	RENT / OWN
HOME PHONE		ALT PHONE (FAX, PAGER, CELL)		PERSONAL CREDIT (CHECK ONE) XLNT GOOD FAIR POOR		

TRANSACTION PROFILE - (MUST = 100%)				
RETAIL= _____%	MAIL ORDER= _____%	PHONE ORDER= _____%	INTERNET ORDER= _____%	OTHER= _____%
MARKETING METHOD(S) - (MUST = 100%)				
PRINT ADS= _____%	DIRECT MAIL= _____%	TELEPHONE= _____%	INTERNET= _____%	OTHER= _____%
AVERAGE CREDIT CARD SALE		VISA/MASTERCARD MONTHLY TOTAL SALES		
\$ _____		\$ _____		

BUSINESS BANK NAME		ACCOUNT NUMBER			
BUSINESS BANK ADDRESS			CITY	STATE	ZIP CODE
CONTACT NAME (BANK EMPLOYEE)		PHONE	FAX	DATE ACCOUNT OPENED	

TRADE REFERENCE		CONTACT NAME		PHONE	
ADDRESS			CITY	STATE	ZIP CODE
TRADE REFERENCE		CONTACT NAME		PHONE	
ADDRESS			CITY	STATE	ZIP CODE

Principal #1 Signature: _____		Principal #2 Signature: _____	
Date: _____		Date: _____	