



Requested Services:	Visa/MasterCard: <input type="checkbox"/> American Express: <input type="checkbox"/> Discover: <input type="checkbox"/> Debit: <input type="checkbox"/> ATM Machine: <input type="checkbox"/> Check Services: <input type="checkbox"/> Recurring Billing: <input type="checkbox"/> Payment Gateway: <input type="checkbox"/> Gift Cards: <input type="checkbox"/> Mobile App: <input type="checkbox"/> Virtual Terminal: <input type="checkbox"/>
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Business Information

Corporate or Owner Legal Name:		Doing Business As (DBA):	
Billing Address (where statement should be mailed):		Location Address:	
City, State, Zip:		City, State, Zip:	
Location Phone Number:	Corporate Phone Number:	Fax Phone Number:	Cellular Phone Number:
Email address: (REQUIRED)		Website Address:	
Federal Tax ID# (9 digits):	Products/Services Sold:	Visa/MC Average Ticket: \$	Date Business Started:
Does This Location Accept Visa/MC Now? No Yes If Yes, Attach Statements.	If Yes, Current Processor:	Largest Estimated Ticket: \$	Visa/MC Monthly Sales Volume: \$
Type Of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Restaurant <input type="checkbox"/> Mail Order <input type="checkbox"/> Lodging <input type="checkbox"/> Car Rental <input type="checkbox"/> Supermarket <input type="checkbox"/> C-Store <input type="checkbox"/> Internet			
Ownership Sole Proprietor: <input type="checkbox"/> Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/> LLC: <input type="checkbox"/>		State of Incorporation:	

Sales Method – Very Important That This Profile Be Correct. Must Add Up To 100%

Card Swiped: _____ % Card Hand Key No Imprint: _____ % Card Hand Key w/Imprint and Signature: _____ %

Please rate your credit from 1 to 10 with 10 being the best? 1 2 3 4 5 6 7 8 9 10

Personal Information – Owner(s)/Officer(s)

Mr/Ms Name:		Title:		Mr/Ms Name:		Title:	
Social Security Number (9 digits):		Home Phone Number:		Social Security Number (9 digits):		Home Phone Number:	
Home Address:		Birth Date:		Home Address:		Birth Date:	
City, State, Zip:		Percent Ownership in Business _____ %		City, State, Zip:		Percent Ownership in Business _____ %	
Driver's License #:		State/Exp:		Driver's License #:		State/Exp:	

Current Processing Equipment

Credit Card Terminal Make: _____ Model: _____ <input type="checkbox"/> Dial Up <input type="checkbox"/> Internet (IP)		Credit Card Terminal Make: _____ Model: _____ <input type="checkbox"/> Dial Up <input type="checkbox"/> Internet (IP)	
Payment Gateway (i.e. Authorize.net, Verisign, etc.):		POS System Make: _____ Model: _____ Version: _____	

I authorize Simplefy, Inc to run a credit report on me and/or my business, for the purposes of establishing a merchant account, and that all information provided above is accurate and complete to the best of my knowledge. I also authorize Simplefy, Inc to act on my behalf to sign any necessary documents to obtain or make changes to an existing Merchant Account.

Signed: _____ Date: _____

Please FAX the above along with a VOIDED Check to Simplefy at (805) 529-7130