



Simplefy[®]
Commercial Payment Processing Experts

Phone: (888) 341-2999

Fax: (805) 529-7130

www.simplefy.com

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"/>							
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 a VOIDED Check to Simplefy at (805) 529-7130