



BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____ DBA _____
LOCATION ADDRESS: _____ CITY: _____
STATE/PROVINCE: _____ ZIP CODE: _____ COUNTRY: _____
BUSINESS PHONE: _____ FAX: _____ DATE BUSINESS STARTED: _____
CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____ LLC: _____ TAX ID#: _____
TYPE OF BUSINESS (BE SPECIFIC): _____ NUMBER OF YEARS IN BUSINESS: _____
DO YOU HAVE PRIOR EXPERIENCE IN A SIMILAR BUSINESS: YES _____ NO _____
EMAIL: _____ WEBSITE: _____
HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF YES, PLEASE EXPLAIN: _____
HAVE YOU OR THE BUSINESS EVER BEEN PARTY TO ANY CLAIMS OR LAWSUITS? YES _____ NO _____

PERSONAL INFORMATION

PRINCIPAL #1 NAME: _____ TITLE: _____ % OWNERSHIP _____
HOME ADDRESS: _____ CITY/STATE-PROVINCE/ZIP _____
YRS AT CURRENT ADDRESS _____ PHONE: _____ DATE OF BIRTH: _____
SOCIAL SECURITY#: _____ DRIVERS LICENSE#: _____ STATE/PROVINCE: _____ EXP DATE _____
MOBILE/CELL: _____
PRINCIPAL #2 NAME: _____ TITLE: _____ % OWNERSHIP _____
HOME ADDRESS: _____ CITY/STATE-PROVINCE /ZIP _____
YRS AT CURRENT ADDRESS _____ PHONE: _____ DATE OF BIRTH: _____
SOCIAL SECURITY#: _____ DRIVERS LICENSE#: _____ STATE/PROVINCE: _____ EXP DATE _____
MOBILE/CELL: _____

MARKETING METHOD (MUST EQUAL 100%)

RETAIL: _____ MAIL ORDER: _____ TRADE SHOW: _____ SERVICE: _____ INTERNET: _____ OTHER: _____
DO YOU CURRENTLY ACCEPT VISA/MASTERCARD YES NO IF YES, WITH WHO? _____
ANTICIPATED MONTHLY CREDIT CARD VOLUME: \$ _____ AVERAGE TICKET: \$ _____ HIGHEST TICKET: _____
ANTICIPATED ANNUAL CREDIT CARD VOLUME: \$ _____
HAS ANY OF THE PRINCIPALS OF THIS ORGANIZATION EVER HAD A BANKCARD RELATIONSHIP TERMINATED? YES _____ NO _____
IF YES, PLEASE EXPLAIN WHY? _____
YEAR ESTABLISHED _____ IS THERE SIGNAGE AT THE PHYSICAL LOCATION OF THE BUSINESS? _____
WHERE IS THE PHYSICAL LOCATION OF THE BUSINESS: OFFICE BUILDING RETAIL STORE KIOSK
TRADE SHOW: OTHER:

APPLICATION CONTINUES ON PAGE 2

BANK ACCOUNT INFORMATION

BANK NAME: _____
BANK CITY: _____ BANK STATE/PROVINCE: _____ COUNTRY: _____
NAME ON ACCOUNT: _____ ACCOUNT TYPE: CHECKING SAVINGS
ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

REQUESTED POINT OF SALE SERVICE (PLEASE SELECT ONE. MERCHANT ACCOUNT INCLUDED WITH EACH SERVICE)

PLANETAUTHORIZE.NET AUTHORIZE.NET SKIPJACK PLUGNPAY POS TERMINAL MOBILESCAPE 3000
MOBILESCAPE 5000 WAY SYSTEMS MERCHANT ACCOUNT ONLY OPENBRAVO POS

ADD-ON SERVICE

CUSTOMER VAULT™ SUGARCRM PAYMENT MODULE VTIGER CRM PAYMENT MODULE FRAUDSENSOR.NET™ ECHECKS
MEMBERSHIP MANAGEMENT IPHONE SALESFORCE PAYMENT MODULE CERTIFIED SHOPPING CART
RETAILPAYMENTS™ VPOS PCI CERTIFY ISPYFRAUD™ GIFT CARD / LOYATY CARD PROGRAM
OTHER _____

SETTLEMENT CURRENCY (SELECT ONE)

USD CAD GBP EUR

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL SALEMANAGER NEW ACCOUNTS AT 800-918-4890 .
RETURN THE COMPLETED APPLICATION BY FAX TO 1-904-212-0556
OR BY EMAIL TO SALES@SALEMANAGER.COM**