



NEW MERCHANT INFO REQUEST

BUSINESS INFO

No PO Box allowed in DBA or Legal Address

Date:

Business <u>DBA</u> Name:	<input type="text"/>	Business <u>Legal</u> Name:	<input type="text"/>
Location Address:	<input type="text"/>	Mailing Address:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Business Phone:	<input type="text"/>	Business Start Date (mm/yyyy):	<input type="text"/>
Business Fax:	<input type="text"/>	Company Website (URL) Address:	<input type="text"/>
Contact Name:	<input type="text"/>	Federal Tax ID:	<input type="text"/>
Contact Name Email Address:	<input type="text"/>	Merchandise Sold/Service Provided:	<input type="text"/>

OWNERSHIP TYPE

Choose **ONE** ownership type in BOLD and how you are taxed, if applicable.

LLC S Corp C Corp Partnership
 Corporation Private Public S Corp C Corp
 PA or PC **Sole Proprietor** **Partnership**
 City/Gov't **Not for Profit**

BUSINESS TYPE

Choose **ONE** business type in BOLD below:

Retail Service Rental
 Restaurant City/Government B2B
 Internet Seasonal
 MOTO

Seasonal Start Date:

Seasonal End Date:

Location Type Retail Store Office Bldg Warehouse Residence Other
Location is Owned Leased

OWNER/OFFICER

*By providing my SSN, I authorize Exectras and/or any partners, to obtain my credit information.

Name: Title: Ownership % SSN*:
 Home Address: City: State: Zip:
 Home Phone: DOB: Owner Email Address:

BANK ACCOUNT/FUNDING

REQUIRED: A clear copy of a voided check for the bank account listed below

Opt-in for Next Day Funding (\$2.50/mo)

Name of Bank: Routing # Account #

ACCOUNT SETUP (Merchant Services Only)

All new accounts include acceptance of Visa, Mastercard, Discover and American Express

PLEASE INDICATE ANY ADDITIONAL PROGRAMS YOUR BUSINESS MAY REQUIRE:

Total # of locations:
 Total # of terminals needed:
 Indicate your business TIME ZONE:

Wireless Terminal(s) Mobile Plug-In Swipers WEX / Voyager (Fuel)
 Check Guarantee POS System ATM Services
 Virtual Terminal Website Shopping Cart Quickbooks Plug-in
 Gift Card Gateway (i.e. Auth.Net) Other

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OFFICE USE ONLY	*** Assoc: _____	OFFICE USE ONLY
	Rep: _____	
	Membership Fee: \$ _____	
	*** PCI / EMV Fee: \$ _____	
CIRCLE ALL THAT APPLY AND CONFIRM QUANTITY:		
ICT220 - ICT250 - Xion - Vx520 - IWL250 - Mini MICR CR - Virtual Terminal		Qty: _____
Gift Card - QuickBooks PlugIn - Wex/Voyager (Fuel) - Website Shopping Cart		Qty: _____
1stPayMobile # of swipers: _____ Brand: _____ (i.e. Apple, Samsung) Model: _____		
Gateway/POS System Name and Version: _____		Qty: _____
*Exectras POS Option #1 - 1stPayPOS Pro: Complete and attach required addendum		
*Exectras POS Option #2 - Touch Bistro: Complete and attach required addendum		
	BP: _____	***
	TF: _____	
	Statements: _____	
	Voided Check: _____	***