

Trade Show Merchant Service

Office: 1 800 833 3333 Fax: 1 800 833 3333

Please Fill In This Information Page Completely !!!!

Business Name:

The above business name will be printed on your customers credit card receipt and will appear the same way on the customers credit card statement. The physical business address will appear on customers receipts and cannot be a P.O. Box due to VISA and MasterCard rules for merchant processing.

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Fax:** _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Ownership Type: Sole Prop _____ Partnership _____ Corp _____ Other: _____

Federal Tax ID: _____ **Social Security:** _____

Owners Name: _____ **Business Title:** _____

Drivers License: _____ **State Issued In:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Mobile Phone:** _____

Type of Goods Sold: _____ **Time in Business:** _____

WILL YOU NEED A SPECIAL NUMBER LIKE "9" FOR THE LINE YOUR TERMINAL WILL USE _____

Bank Name: _____ **Bank Phone #:** _____

Bank Account Number: _____ **Bank Routing #:** _____

Average Ticket Size: _____ **Estimated Monthly VISA/MC Sales Volume:** _____

IMPORTANT!!!

PLEASE FAX THE FOLLOWING ITEMS BACK WITH YOUR SIGNED AGREEMENT!!!

**A VOID CHECK ON BUSINESS ACCOUNT FOR
VISA/MC FUNDS TO BE DEPOSITED**

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