

## CONFIDENTIAL MERCHANT INFORMATION:

Fax all forms and voided check to 1-888-498-8503 or email:sarah@blcgroup.net

Completed application will be emailed for final approval and signature

### Location Information

Location Name: (dba)		Corporate Name:	
Address:		City, State, Zip:	
Phone:		Fax:	
Contact:		E-mail:	
Current Merchant ID:		Current American Express #	
Current Discover #		Does Merchant Take PIN Debit	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does Merchant have PIN Pad	<input type="checkbox"/> YES <input type="checkbox"/> NO	Statement	<input type="checkbox"/> PAPER <input type="checkbox"/> ONLINE
Process	<input type="checkbox"/> PHONE LINE <input type="checkbox"/> INTERNET	Auto Close	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Ownership Information

Name of Owner:	Title:
Address:	City, State, Zip:
Phone:	Date of Birth:
SSN:	% of Ownership:
Country of Citizenship:	Country of Permanent Residence:
Identification	<b>Need copy of Photo ID</b>

### Additional Business Information

Year Established:		Length of Ownership:	
Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other _____		
Services\Product:		Federal Tax ID:	
Est. Average Ticket:		Est Monthly Volume:	
Annual Revenue:		Current Equipment:	
Current Processor:		New Equipment:	
Bank Routing #:		Checking Account #:	

### Rates and Fees

Interchange Assessment +	<b>.20 Basic Points</b>	Per Item\Network Fee:	<b>.10</b>	Statement Fee:	<b>\$5.00</b>
Annual Fee:	N/A	PCI Fee:	<b>\$ 7.00</b>	Change in Account:	<b>\$20.00</b>
Qualified Rate:	N/A	Partially Qualified Rate:	N/A	Non-qualified Rate	N/A
Debit Fee per Item:	N/A	Rewards Rate:	N/A		

\*30 Day written notice required for termination of services

Signature of Authorized Person: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_