



Merchant Services Request for Application

Please complete and send back to
tina.walker@firstdata.com or
fax to 402.916.6163 or
call 239.287.8221

BusinessLegalName: _____
DBAName: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____
Email: _____
Requested Service Start Date: _____ Is this date flexible? Yes No
Products/Services Sold: _____
Fed Tax ID: _____ Fed ID Month / Year Started: _____
Tax Filing Type? _____ (Sole Proprietor, Partnership, Corporation – Public or Private)
Tax Exempt Organization? Yes No Number of Employees? _____
Total Gross Annual Sales: _____ Estimated Annual Credit Card Sales: _____ :
Estimated Average \$\$ Credit Card Individual Sale Amount: _____
Estimated Highest \$\$ Credit Card Individual Sale Amount: _____

Signor (Must be officer or controller of private Corp., member LLC, or individual only of sole proprietorship):
Signor/Owner Name: _____
Signor Title: _____
Signor Percentage ownership in company: _____ % Signor Social Security #: _____
Signor Date of Birth: _____ Signor Home Phone: _____
Signor Home Address: _____
City: _____ State: _____ Zip: _____

Deposit Bank Name (checking only):

Bank Name _____
Bank Account #: _____ Bank Routing #: _____
Bank Phone: _____