

BANKCARD MERCHANT MEMBERSHIP APPLICATION

Bank Name: _____

Bank Contact: _____

BUSINESS INFORMATION					
Legal Tax Filing Name:					
Business Tax Filing Number (choose one):					
Federal Tax ID#:		Social Security#:		Business License (if applicable):	
Business Type: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Government (Fed/State/Local) <input type="checkbox"/> Tax-Exempt Organization (501C) <input type="checkbox"/> 8(a) Business Development or Small Disadvantaged Business Certification Program participant (SBA) certification must accompany application).					
Merchant DBA Name:			Contact Name at Location		
Physical Location Address:			City, State & Zip:		Phone#:
Owner/Corporate Name:			Contact Name at Corporate:		
Owner/Corporate Mailing Address:			City, State & Zip:		Phone#:
Email:			Website:		
Deposit Institution:		Transit Routing#	Account#		Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> G.L.
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocer <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Financial Institution <input type="checkbox"/> Mail/Phone/Internet <input type="checkbox"/> Other					
Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office Building <input type="checkbox"/> Commercial Site <input type="checkbox"/> Home			Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Leased – Lease Term:		
Merchandise/Service Sold:			Amount of Inventory/Assets on Hand:		
By which method(s) are products sold:	%Mail/Phone	%Internet	%Face-to-Face		
Time Business has Been in Operation:		Time under Present Owners:		Time at this Location:	
<input type="checkbox"/> Annual <input type="checkbox"/> Monthly Card Sales\$			Average Ticket\$		
Current Merchant Credit Card Processor:			Reason for Change:		
Please explain any Bankruptcies, Judgements or Garnishments:					

AMERICAN EXPRESS (AMEX) Please complete if currently accepting AMEX	
AMEX#	Is annual AMEX volume greater than \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No

PRINCIPAL / OWNER INFORMATION				
Name:	Title:	Address:	Birth Date:	Social Security#:
Name:	Title:	Address:	Birth Date:	Social Security#:
Name:	Title:	Address:	Birth Date:	Social Security#:

DISCLOSURES	
Are any of the applicant's directors, officers, employees and shareholders, and the immediate family members of any of the foregoing, a "related person" (as such term is used in 12 CFR Part 229.40) of the Financial Institution and/or BankCard Center to which this application is submitted?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes List the name of the related party and the relationship:

I certify that the information provided on this application is correct and is being provided for the purpose of obtaining the services described in the BankCard Merchant Agreement between the Merchant and the Financial Institution indicated above

Authorized Officer, Partner or Proprietor:	Title:	Date:
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By signing below, I/we authorize the financial institution and/or the BankCard Center to obtain any information on the business named above, and/or the individuals named below, that it deems necessary (including consumer reports from a consumer reporting agency for me/us) for review and processing our merchant application. Note: All principals (including corporate executive officers, partners and sole proprietorship owners) must sign in the "Individual" spaces below authorizing a consumer report from a consumer reporting agency to be obtained on the individual.

Individual Authorization for Consumer Report:	Individual Authorization for Consumer Report:	Individual Authorization for Consumer Report:
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FOR BANK USE ONLY		
As a representative of the Financial Institution named above, I certify that all of the above information is correct to the best of my knowledge. My conclusion to approve this application is based on the review of the above information, items documented below and noted on the attached File Folder Checklist as well as knowledge obtained regarding transaction volumes, sales and marketing strategies along with overall card acceptance practices of this business		
<input type="checkbox"/> Physical Inspection	<input type="checkbox"/> Detailed Description of MOTO Business	<input type="checkbox"/> Other:
Authorized Bank Representative:		Date: