

Applying for:	ACH Origination*	Business Credit Card	Merchant Services
	Remote Deposit Capture (RDC)*	Electronic Lockbox/Med eSolutions	Smart Safe
	*Cash Manager is required		

Part I. Tell us about your Business:

- Type of Ownership: Sole Proprietorship Partnership Limited Liability Corporation
 Corporation Non-Profit Other:
 - Business Name:
 DBA Name *(if applicable)*:
 - Federal Tax ID#:
 - Physical Address (No P.O. Boxes):
 Street address:
 City: State: Zip:
 - Mailing Address *(if different than Physical Address above)*:
 Street address:
 City: State: Zip:
 - Company Phone Number: Company Fax Number:
 Company Website:
 - Year Business Established: Years in the Industry: Number of Locations:
 - Do you Rent or Own the property where the business is located: Rent/Lease Own
 - Primary Contact Name: Title:
 Phone Number / Ext.: Email Address:
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Part II. In order to help us serve you better, please answer the following:

- a. Please indicate your type of business: Wholesale Retail Internet Medical Manufacturing
 Other (please specify):
- b. Where is your business located? Retail Storefront Internet Site Business Office Residence
 Other (please specify):
- c. Number of Locations (if applicable): Single Location Multiple Locations (Chain) No. of Locations: Years at Main Location:
- d. What are your Operating Hours: Mon-Fri: a.m. to p.m. Sat-Sun: a.m. to p.m.
- e. What are your Gross Monthly Sales: \$ f. What is your Average Sales Amount: \$
- g. Do you currently accept credit cards for your business? No Yes h. If yes, percentage of your sales in credit card sales: %
- i. Are you sending credit card payments through the Lockbox? (if applicable) No Yes j. If yes, how many Merchant IDs or Locations?
- k. Is any of your business seasonal? No Yes If yes, When:
- l. What type of services/ products does your business provide?
- m. Do you distribute/ship your own goods/products? No Yes
- n. If No, provide name of fulfillment house:
 Contact Name: Phone No.:

