

Date: _____

1. BUSINESS INFORMATION			
Business Name		Legal Name <i>(exactly as it appears on your tax return)</i>	
Business Address		Business Tax ID	
Business City	Bus. State	Bus. Zip	Legal Address <i>(if different)</i>
Business Phone		Legal City <i>(if different)</i>	Legal State Legal Zip
Business Email Address		Legal Phone	Legal Email Address
Website Address		Legal Contact	
2. CONTACT INFORMATION			
Owner Name	Owner Title	Owner Phone Number	Owner Email Address
Owner Home Address		Owner City	Owner State Owner Zip
Primary Contact Name	Primary Contact Title	Primary Contact Phone	Primary Contact Email Address
3. PROCESSING INFORMATION <i>(applicable if signing up for preferred processing)</i>			
Owner's Driver License Number		DL State	DL Issue Date DL Expiration Date
Business Type Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Tax Exempt <input type="checkbox"/>		Years Business Owned	
Average V/MC Ticket		Estimated Annual V/MC Sales	