

# New Merchant Services Intake Form – Worksheet Only

Agent Name \_\_\_\_\_

LEGAL NAME \_\_\_\_\_ DOING BUSINESS AS NAME \_\_\_\_\_

LEGAL TYPE    SOLE PROP    PARTNERSHIP    LLC C CORP    S CORP    501C/TAX EX.

FED TAX ID # \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ DATE BUS STARTED \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LEGAL ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)  
\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

## OWNERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

## OWNER #2

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

DESCRIPTION OF PRODUCTS OR SERVICES SOLD \_\_\_\_\_

RETURN POLICY \_\_\_\_\_

MONTHLY VOLUME \_\_\_\_\_ AVERAGE TICKET \_\_\_\_\_ HIGH TICKET \_\_\_\_\_

PRICING TYPE    CASH DISCOUNT    COST PLUS    TIERED

POS OR TERMINAL TYPE \_\_\_\_\_

Terminal Placement (\$19.95 Misc. Monthly Fee on Merchant Application required).

Communication Type    IP    Dial Up    Wireless    WiFi

Download Type    Retail    Restaurant (Tip line)

Auto Close    Yes    No    Time \_\_\_\_\_

Next Day Funding cutoff on TSYS is 9:00 PM EST.

Terminal Shipping Address    Merchant Location    Merchant Home    Sales Partner