



# AMERICARD

## PROCESSING SYSTEMS

### Complete the Following Application Worksheet & Fax it to (800) 840-5404

#### BUSINESS INFORMATION

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

LOCATION ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

MERCHANT URL: WWW. \_\_\_\_\_

#### BUSINESS TAX FILING (PLEASE HIGHLIGHT OR CIRCLE)

Closely Held Corp. Publicly Held Corp. Ltd Liability Corp. Sole Proprietorship Partnership General/Ltd. Sub-Chapter S Non-Profit

SERVICES/PRODCUTS: \_\_\_\_\_

FED ID#: \_\_\_\_\_ TAX FILING NAME: \_\_\_\_\_ STATE FILING: \_\_\_\_\_

YEAR BUSINESS STARTED: \_\_\_\_\_ LENGTH OF CURRENT OWNERSHIP: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

ARE YOU CURRENTLY PROCESSING CREDIT CARDS? YES NO NAME OF CURRENT PROCESSOR: \_\_\_\_\_

IF **NO** AND THE BUSINESS HAS BEEN IN OPERATION FOR 3+ MONTHS, REASON FOR NOT ACCEPTING CREDIT CARDS: \_\_\_\_\_

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

IF STATED ON WEBSITE, PLEASE INDICATE URL ADDRESS: \_\_\_\_\_

PROCESSING METHOD (MUST EQUAL 100%) CARD PRESENT: \_\_\_\_\_ % CARD NOT PRESENT \_\_\_\_\_ %

WHEN YOU ACCEPT THE CREDIT CARD WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE:

SAME DAY: \_\_\_\_\_ OR # OF DAYS, INCLUDING SHIPPING TIME: \_\_\_\_\_

#### VISA/MASTERCARD/DISCOVER:

ANTICIPATED **MONTHLY** CREDIT CARD VOLUME: \_\_\_\_\_

ANTICIPATED **AVERAGE** PAYMENT CARD TICKET: \_\_\_\_\_

ANTICIPATED **HIGHEST** PAYMENT CARD TICKET: \_\_\_\_\_

#### AMERICAN EXPRESS:

ANTICIPATED **MONTHLY** CREDIT CARD VOLUME: \_\_\_\_\_

ANTICIPATED **AVERAGE** PAYMENT CARD TICKET: \_\_\_\_\_

ANTICIPATED **HIGHEST** PAYMENT CARD TICKET: \_\_\_\_\_

#### CREDIT HISTORY:

HAVE YOU OR THE BUSINESS BEEN A PARTY TO ANY CLAIMS OR LAW SUITS? YES NO BANKRUPTCY? YES NO

BANK NAME: \_\_\_\_\_ BANK CONTACT: \_\_\_\_\_

BUSINESS ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER: \_\_\_\_\_

#### PERSONAL INFORMATION (of all owners of 25% or more)

OWNER/OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ownership: \_\_\_\_\_ %

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE OR CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

OWNER/OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ownership: \_\_\_\_\_ %

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE OR CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_