



Phone: 702-731-6665

Fax: 702-732-8813

www.ezvisamc.com

Requested Services:	Visa/MasterCard: _____ American Express: _____ Discover: _____ Debit: _____ ATM Machine: _____ Check Service: _____ Re-occurring billing: _____ Internet gateway: _____ Gift Cards: _____
----------------------------	--

Business Profile

Corporate or Owner Legal Name:		Doing Business As (DBA):	
Billing Address (where statement should be mailed):		Location Address:	
City, State, Zip		City, State, Zip	
Location Phone Number: () ()	Corporate Phone Number: () ()	Fax Phone Number: () ()	Cellular Phone Number: () ()
Email address:		Website Address:	
Federal Tax ID# (9 digits)	Products/Services Sold:	Visa/MC Average Ticket: \$	Date Business Started:
Does this location accept Visa/MC now? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach statements.	If yes, Current Processor:	Largest Estimated Ticket: \$	Visa/MC Monthly Sales Volume: \$
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Restaurant <input type="checkbox"/> Mail Order <input type="checkbox"/> Lodging <input type="checkbox"/> Car Rental <input type="checkbox"/> Supermarket <input type="checkbox"/> C-Store <input type="checkbox"/> Internet			
Ownership: Sole Proprietor: _____ Partnership: _____ Corporation: _____ LLC: _____		Landlord: Name: _____ Phone: _____	
<u>Sales Method – Very Important That This Profile Be Correct. Must Add to 100%</u>			
Card Swiped: _____ %	Card Hand Key No Imprint _____ %	Card Hand Key w/Imprint and Signature _____ %	
Please rate your credit from 1 to 10 with 10 being the best? 1 2 3 4 5 6 7 8 9 10			

Personal Data – Owner(s)/Officer(s)

Mr./Ms Name:		Title:		Mr./Ms Name:		Title:	
Social Security Number (9 digits)		Home Phone Number: () ()		Social Security Number (9 digits)		Home Phone Number: () ()	
Home Address:		Birth date: / /		Home Address:		Birth date: / /	
City, State, Zip		Percent Ownership in Business _____ %		City, State, Zip		Percent Ownership in Business _____ %	
Driver's License #:		State/Exp:		Driver's License #:		State/Exp:	

Business References

Trade Reference (Supplier) Name:	Contact:	Phone Number: () ()
Trade Reference (Supplier) Name:	Contact:	Phone Number: () ()

I authorize Merchant Credit Card Services to run a credit report on me and/or my business, for the purposes of establishing a merchant account, and that all information provided above is accurate and complete to the best of my knowledge. I authorize Merchant Credit Card Services to sign any necessary documents to obtain or make changes to a Merchant Account.

Signed: _____ date: _____