



We need the following information to fill in an Application for your Merchant Accounts:

- 1. Contact Name: _____
- 2. Company Legal Name: _____
- 3. DBA: _____
- 4. Full address: _____
- 5. Tel: _____ 6. email: _____
- 7. Tax ID: _____ 8. Number of Staffs with W2: _____
- 9. Ownership type: Sole Proprietor, Partnership, Corporation, Non-Profit, LLC, Public Corporation
- 10. Business Started MM/YY: _____ Business Reg MM/YY: _____
- 11. Monthly Avg. Business: _____ 12. High Monthly Volume: _____
- 13. Business Products or Services: _____
- 14. EBT: Food Stamp Cash Benefits 15. FNS: _____.
- 16. Owner's Full Name: _____ 17. DOB: _____
- 18. Percent Owned: _____% 19. Driver's License#: _____ / State: _____
- 20. Owner's Social Security #: _____ 21. Home Tel: _____
- 22. Owner's Home address: _____
- 23. Cards Accepting: Visa, MasterCard, Discover & PayPal, Amex Acct #: _____
- 24. Terminal: Phone Line IP – Internet 25. Makes of Terminal Owned: _____
- 26. Terminal setting: Auto-Close _____, AVS, CVV, Tips, Server#
- 27. Name on Bank: _____ 28. Bank's Name: _____
- 29. Bank Address: _____ Tel: _____

請附上一張作廢支票, 駕照及營業執照(Business License) 副本, 傳真至 : **800-515-3141**

Fill in all info with a copy of your "VOIDED CHECK", Driver's License & Business License.

Fax to: 800-515-3141

Or email to: info@MAServiceCenter.com

<http://www.maservicecenter.com>

A marketing division of PTL Connections