

POS Worksheet for Custom Credit Card Processing

POS Information					
Currently Using a POS:	Y	N			
What type of POS:					
Are you currently taking Credit Cards:	Y	N			
Business Name (s)					
Business Legal Name:					
Business Name (Doing Business As):					
Contact Person:					
Office Phone:					
Office Fax:					
Billing address:					
Location address (if same as billing address list "same"):					
Cell/alternative phone:					
Email Address:					
Web Address:					
Merchant References					
Bank Name:					
Bank Contact:					
Bank Telephone Number:					
Bank account Number:					
Trade Reference 1:	Contact Name and Telephone #:				
Trade Reference 2:	Contact Name and Telephone #:				
Business Profile					
Length of Ownership:	Years	Months			
Business Open Date:					
Seasonal:	YES	NO			
High Volume Months:					
Monthly Bankcard Volume:					
Average ticket:					
Highest Ticket:					
Business Type (Circle):	Retail	Restaurant	Other (description)		
Bankruptcy ever filed?	YES	NO			
Ownership Information					
Type of Ownership (Circle):	Sole Prop.	Partnership	LLC	Corp.	Non-profit
Federal Tax ID:					
Owner / Officer Name & Title:					
Date of Birth & Social Security number :					
Owner / Officer Home Address, City State zip and Phone Number:					

