CyberCalc Merchant Services

Business d/b/a Name:	Phone #
Business Legal Name:	Fax #
Physical Address:	City, State & Zip:
Billing Address:	City, State & Zip:

Contact Person & Title:	# of Locations:	E-Mail / Web Site:

Ownership: ☐Sole Prop. ☐Corp. ☐LLC ☐Partnership ☐Non-Profit ☐Municipality ☐Other

Owner/Partner/Officer Name:	Title:	Federal Tax ID #

Date of Birth: sole Prop. Only / /	Home #	Social Security #

Home Address:	City, State & Zip:
Previous Address (If Less Than 2 Years) :	City, State & Zip:

Location Type: ☐ Retail Store Front ☐ Office Bldg ☐ Industrial ☐ Residence ☐ Trade Show ☐ Other

Are goods and/or services delivered at the time of sale? ☐ Yes ☐ No	Does business appear as represented? ☐ Yes ☐ No

Type of goods/services sold:	Business Open Date: / /	Date of current ownership: / /

Expected annual card sales:	Average ticket:	Largest amount merchant will accept:

Seasonal sales: ☐ Yes ☐ No   Which Months _____ Max volume: _____

☐ Never accepted bank cards ☐ Processor change   Previous processor _____

Face-to face transactions _____% Non face-to-face transactions _____% **Total = 100%**	Breakdown of face-to-face: Card swipe: _____% Non card swipe w/imprint _____% **Total = 100%**	Sales to direct consumers: _____% Business to business: _____% **Total = 100%**

Internet sales: _____% (if blank, 0% assumed)

Notes:

☐ Retail ☐ Restaurant ☐ Supermarket ☐ Lodging ☐ Car Rental ☐ Fuel ☐ MOTO ☐ Internet ☐ Key entry card present

Amex: ☐ New or ☐ Current #	Discover: ☐ New or ☐ Current #