

Merchants Bank, National Association Merchant Application

Business Type:

Corporation LLC Partnership Proprietor

Legal Name: _____

Business Name: _____

Physical Address: _____

Mailing Address (if different from above): _____

Email Address: _____

Business Phone: _____ Contact: _____

Business Fax #: _____ Title: _____

Type of Business: _____ Years at this Location: _____

Average Sale Amount: \$ _____ Federal Tax ID #: _____

Bank (Branch) handling prime Business Checking Account:

_____ Bank _____ Branch _____ Checking Account #:

Please Complete if Applicable:

Discover Merchant #: _____

American Express Merchant #: _____

Type of Terminal: _____ Type of Printer: _____

For Bank Use Only

Date: _____ Rep: _____ Rate: _____

Approved: _____ SIC Code: _____ Routing #: _____

Merchant Acct #: _____ V#: _____ FTM #: _____

Type of Equipment: _____

Comments: _____

Principal Owners or Officers

Name: _____ Title: _____

Social Security Number: _____

Name: _____ Title: _____

Social Security Number: _____

Name: _____ Title: _____

Social Security Number: _____

Name: _____ Title: _____

Social Security Number: _____

List main suppliers, trade or bank references:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Please submit two years of business financial statements or tax returns with this application.

The above statements are submitted for the purpose of obtaining a merchant account and are true and correct. Applicants expressly authorize Bank or Service Center to obtain information from others concerning any of the foregoing statements and authorize them to release such information.

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)

(Printed Name)

