



Bankcard Systems
 31368 Via Colinas Ste 112
 Westlake Village, CA 91362
 Tel 818.735.6280
 Fax 818.735.6289

MERCHANT APPLICATION

New Merchant Addl/Multi-Location
 (Existing MID: _____)

Business Information

DBA Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Location Tele #: _____ Fax #: _____

Location Contact Name: _____

Corporate Name: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

Corporate Tele #: _____ **Fax #:** _____

Email Address: _____

Website Address: _____

Year Business Established: _____ Length of Current Ownership: _____ Years Experience: _____

Services/Products Sold: _____

Business Structure: Closely Held Corporation Publicly Traded Corporation Non-Profit
 Sole Ownership LLC (Disregarded Entity/Corporation/Partnership) Sub-Chapter S
 Partnership (General/Limited)

Federal Tax ID: _____ Statements/Retrievals to: Location Corp Address

Customer Service Tele #: _____ **Time Zone:** _____

Are Credit Cards Currently Accepted at this Business? Yes No (If yes, include statements)

Have you ever had your merchant account closed? Yes No

Cards currently/to be accepted: Visa/MasterCard/Discover American Express Debit

Current Amex #: _____ **Est Monthly Visa/MC/Discover Volume:** \$ _____

Avg Sale: \$ _____ **High:** \$ _____ **Low:** \$ _____

Method of Processing: Card Present (swipe) _____% Card Present (no swipe) _____%

Mail Order _____% Telephone Order _____% Internet _____%

Site Survey: Retail Store Office Building Residence Kiosk Other _____

Is there adequate inventory displayed? Yes No

Does the name on storefront match the DBA? Yes No

Is inventory & merchandise consistent with type of business? Yes No



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Complete the information below for all principles of the business. Include information for Owners and/or Partners. If it is a Corporation, include President and other Corporate Officers. Include a minimum of 51% of ownership (unless widely held). Use additional sheets if necessary. Don't forget the Corporate Resolution.

Ownership Information

Owner #1

Name: _____ Home Tele #: _____ Cell phone# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ **Social Security #:** _____

Business Title: _____ **% of Ownership:** _____

Previous address:

Owner #2

Name: _____ Home Tele #: _____ Cell phone# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ **Social Security #:** _____

Business Title: _____ **% of Ownership:** _____

Previous address:

Please rate your credit history: Excellent Good Fair Average Below Average
 Bad Initial _____

Have any of the above or the business been a party to any claims or lawsuits? Yes No

Have you ever had a merchant account terminated? Yes No



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Credit Card Processing Rate Information

I/C + Check Card rate:	Monthly Service Fee: \$13.95
I/C + Qualified rate:	Monthly Minimum: \$20.00
I/C + Rewards rate:	Other Fee: _____ \$
I/C + Partially Qualified rate:	Transaction Fee: _____ ¢ per transaction
I/C + Commercial Non-Qualified rate:	American Express: _____ ¢ per transaction
I/C + Non-Qualified rate:	Debit Transaction Fee: _____ ¢ per transaction
Chargeback fee: 15.00	Account Change fee: \$20.00
Voice Auth: \$0.65	\$0.95 Operator Assisted

Method of Credit Card Processing In/ To Use: Terminal Software Internet Gateway

Name/Type of Equipment/Software/Gateway: _____