


MERCHANT MASTERS DFW

INCREASING MERCHANT PROFITS

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Referred by: _____

Business Legal Name: _____

DBA Name: _____ Year Business Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Business Phone: _____

Products & Services Sold: _____

Fed Tax ID: _____

Tax Filing (Sole Proprietor, LLC, Corp, etc.): _____

Total Gross Annual Sales: _____ Estimated Credit Card Sales: _____

Estimated Average Ticket: _____ Estimated Highest Ticket: _____

Signor/Owner Name: _____

Signor Title: _____

Signor % Ownership: _____ SSN: _____

Signor Date of Birth: _____ Signor Home Cell: _____

Signor Home Address: _____

City: _____ State: _____ Zip: _____

Driver License Number: _____



MERCHANT MASTERS DFW

INCREASING MERCHANT PROFITS

Checking Account Information

Bank Name: _____

Bank Account Number: _____ Routing Number: _____

Signor Signature: _____ Date: _____

Recommended Terminal: _____ Quantity: _____

POS System or Name of VAR (if applicable): _____

Package: _____

Internet Connection: Y

AVS Code: Y

Batch Time: Next-Day Funding

Website: _____

Accept Pin Debit: Y

NFC Capability: Y
