



The 3 Minute Merchant Application

Fax to: (877) 226-4471

MERCHANT INFORMATION:

Legal Business Name: _____ DBA Name: _____ % Ownership: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____ Business Fax: (____) _____ - _____ Email: _____

Est. Total Monthly Sales: _____ Type of Business: _____ Years in Business: _____ Business Open Date: _____

Time Remaining on Site Lease/Mort.: _____ Landlord/Agent Name: _____ Landlord/Agent Phone#: _____

Number of Locations: _____ 9-Digit Federal Tax ID number: Is your business for sale? Yes No

Amount Requested: _____ Have you ever filed for bankruptcy? Yes No

Intended Use of Cash Advance: _____ Do you have any federal or state tax liens? Yes No

CREDIT CARD PROCESSOR INFORMATION:

Current Processor: _____ Merchant Account Number: _____

Terminal Type currently used: _____ Number of Terminals at Location: _____

Length of Time with Current Processor: Years _____ Months _____

PRINCIPAL OWNER INFORMATION:

Are you a US Citizen or Permanent Resident? Yes _____ No _____

Principal Owner Name: _____ Social Security Number: - - D.O.B.: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Mobile: (____) _____ - _____

How Long at Home Address: _____ Number of years at previous home address: _____ Estimated Current Annual Income \$ _____

Signature: _____ Title: _____ Date: _____

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- ____ THREE MINUTE APPLICATION ____ PICTURE ID ____ VOIDED BUSINESS CHECK
- ____ YOUR LAST FOUR (4) MONTHS OF VISA/MASTERCARD STATEMENTS

Sales Staff Information

Partner Sales Agent: _____ Direct Phone Number: _____