Rep Code: 6647

Merchant Worksheet/ Please return by fax (702) 564-3147 Attn: Peter Abernethy

BUSINESS NAME AND ADDRESS INFORMATION

Legal Business Name	Merchant "Doing Business As" Name
Legal Address	Location Address
City/State/Zip	City/State/Zip
Phone Fax	Phone Fax
Years in Business Corp/Partnership/Sole P	# of locations Tax ID# (9 digit no.)
Email Address	Website Address
Contact Name	Landlord Name & Phone # (if building is leased)
BANK CARD INFORMATION	
American Express #	Discover#
Diner's Club#	Other Cards Accepted
Annual Mastercard/Visa Sales	Average Ticket
OWNER / OFFICER	
Name	DOB SS#
Address:	City/State/Zip
Home Phone	Years at residence Do you own or lease?
BANK REFERENCE	
Principal Bank	Phone Number
Account #	Routing Transfer #
Contact	Please fax copy of voided check for deposit account along with this worksheet.
TRADE REFERENCE	
Name	Phone#
Account #	Contact