

AZ Merchant

www.azmerchantservice.com

MERCHANT APPLICATION

A. BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:	City:	State:	Zip:
Business Telephone:	Fax #:	Federal Tax ID:	
Contact Person:	Email Address:	Website:	
Date Business Started:	Length of Ownership:	Years at Location:	# of Locations:

B. OWNERSHIP

Name:		Home Phone:		Cell Phone:	
Home Address:		City:		State:	Zip:
Date of Birth:	SS#:	Driver's License #/	State Issued:	% Ownership of Company:	Title:
Name:		Home Phone:		Cell Phone:	
Home Address:		City:		State:	Zip:
Date of Birth:	SS#:	Driver's License #/	State Issued:	% Ownership of Company:	Title:

C. BANK INFORMATION

Name of Bank:	Address:	Contact:	Phone:
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D. LANDLORD

Landlord Name:	Contact:	Cell Phone #:	Work Phone #:	Fax #:
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E. TRADE SUPPLIERS

Business Name:	Contact:	Phone #:
Business Name:	Contact:	Phone #:
Business Name:	Contact:	Phone #:

F. BUSINESS PROFILE

Ownership:	Merchant Type:	Cards Accepted:	Credit Card Processing:	Monthly Amounts:
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PC/PA <input type="checkbox"/> Not for Profit	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Automotive <input type="checkbox"/> Other	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Debit <input type="checkbox"/> LBT	Card Swipe _____ % Manual Key _____ % Telephone _____ % Mail Order _____ % Internet _____ % Total 100%	Total Sales _____ Credit card process _____ Rent expense _____ Good purchased _____ Non-owner payroll _____ Owner draw/salary _____

G. SIGNATURE

Applicant authorizes Proven Funding, its assigns, agents, banks, or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant. Applicant, by signing below, represents that all information is complete and accurate.

Applicant's Signature:	Date:
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