



Complete the worksheet & fax it to **(904) 620-9067** or e-mail to **sales@cyberauthorize.com** and you'll be on your way to accepting all major credit cards! **Upon receipt, a representative will contact you directly!**

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____ DBA _____

LOCATION ADDRESS: _____ CITY/STATE/ZIP _____

BUSINESS PHONE: _____ FAX: _____ YEAR ESTABLISHED _____

CORPORATION/LLC: _____ PARTNERSHIP: _____ SOLEPROPRIETORSHIP: _____ FEDERAL ID#: _____

TYPE OF BUSINESS (BE SPECIFIC): _____ YEARS IN BUSINESS: _____

DO YOU HAVE PRIOR EXPERIENCE IN A SIMILAR BUSINESS: YES _____ NO _____ IF YES, HOW MANY YEARS? _____

BANK: _____ ACCT#: _____ Routing # _____

EMAIL: _____ WEBSITE: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR THE BUSINESS EVER BEEN PARTY TO ANY CLAIMS OR LAWSUITS? YES _____ NO _____

PERSONAL INFORMATION

PRINCIPAL #1 NAME: _____ **TITLE:** _____ **% OWNERSHIP** _____

HOME ADDRESS: _____ CITY/STATE/ZIP _____

YRS AT CURRENT ADDRESS (SEE BELOW) _____ PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ DRIVERS LICENSE#: _____ STATE: _____ EXP DATE _____

PRINCIPAL #2 NAME: _____ **TITLE:** _____ **% OWNERSHIP** _____

HOME ADDRESS: _____ CITY/STATE/ZIP _____

YRS AT CURRENT ADDRESS (SEE BELOW) _____ PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ DRIVERS LICENSE#: _____ STATE: _____ EXP DATE _____

MARKETING METHOD (MUST EQUAL 100%)

TRADE REFERENCE (BUSINESS NAME): _____ CONTACT: _____

REFERENCE PHONE: _____ REFERENCE ACCOUNT NO.: _____

RETAIL: _____ MAIL ORDER: _____ TRADE SHOW: _____ SERVICE: _____ INTERNET: _____ OTHER: _____

DO YOU CURRENTLY ACCEPT VISA/MASTERCARD YES NO

ANTICIPATED MONTHLY CREDIT CARD VOLUME: \$ _____ AVERAGE SALE: \$ _____ HIGHEST SALES (TICKET) _____

HAS ANY OF THE PRINCIPALS OF THIS ORGANIZATION EVER HAD A **BANKCARD RELATIONSHIP TERMINATED?** YES _____ NO _____

YES NO IF YES, PLEASE EXPLAIN WHY? _____

YEAR ESTABLISHED _____ IS THERE SIGNAGE AT THE PHYSICAL LOCATION OF THE BUSINESS? _____

WHERE IS THE PHYSICAL LOCATION OF THE BUSINESS: OFFICE BUILDING RETAIL STORE KIOSK TRADE SHOW: OTHER:

REQUESTED SERVICE (A MERCHANT ACCOUNT IS PROVIDED WITH EACH PAYMENT METHOD)

- CYBERAUTHORIZE AUTHORIZE.NET SKIPJACK SALEMANAGER PLUGN'PAY EPROCESSING NETWORK
- AIRCHARGE® PAYSIMPLE AUTHORIZE.NET VPOS ELECTRONIC CHECKS POS TERMINAL
- MOBILESCAPE TELEMERCHANT MERCHANT ACCOUNT ONLY
- MASTERCARD/VISA AMERICAN EXPRESS DISCOVER OTHER

IF YOU HAVE ANY QUESTIONS, PLEASE CALL NEW ACCOUNTS AT: (800) 216-4886 | Fax: 904-620-9067