Merchant Application

Merchant Account Application

Owner Information		
Title:		
Owners Name	e *	
First Name	Middle Name	Last Name
Merchant E-mail *		
example@exampl	le.com	
Owners Phone *		
Area Code Pho	one Number	
Owners Social Security Number *		
(***_*****)		
Ownership Percentage *		



Owners Address *			
Street Address			
Street Address Line 2			
City	State / Province		
Postal / Zip Code			
Business Information			
Merchant DBA *			
Legal Name of Business *			
Type Of Ownership *			
(Sole P, Inc, or LLC)			
Federal Tax ID *			
(TIN/EIN)			

DBA Address *	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Legal Address if Differe	ent
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Business Phone *	
Area Code Phone Number	
Gross Monthly Volume	*
(Round to nearest whole dollar)	

Estimated Annual Sales *

(Round to nearest whole dollar)

How long have you been in business? *

0-1 Year

1-2 Years

3-4 Years

5+ Years

I authorize MMJ to obtain personal and credit information about me from my credit bureau, or credit reporting agency, any person who has or may have any financial dealing with me, or from any references I have provided. This information, as well as that provided by me in the application, will be referred to in connection with this merchant account and any other relationships we may establish from time to time. Any personal and credit information obtained may be disclosed from time to time to other lenders, credit bureaus or other credit reporting agencies. * *

YES

I hereby agree that the information given is true, accurate and complete as of the date of this application submission. * *

YES

