

New ISO or Sales Rep Registration

Company Name

Owner / Company Info

Owner Name (First, MI & Last)	Social Security # (Required)	Drivers License or State ID # (Required) (Include Copy of Photo ID)	State Issued

Company Address	City	State	Zip

Company Phone #	Company Fax #	Owner Date Of Birth	% of ATMs Owned Directly	Do You Have Sub-ISOs	
				Yes	No

Billing Address (If Different From Above)	
Company Name:	
Address:	
City, State, Zip:	
Contact #:	

Company Tax ID #	Years In Business	Do You Have a Resellers Permit?	Resellers Permit #
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Requested Services

Transaction Processing	<input type="checkbox"/>
Cash Vaulting Services	<input type="checkbox"/>
Equipment/Parts Sales	<input type="checkbox"/>
Service/Maintenance Contracts	<input type="checkbox"/>
Web Reporting Access	<input type="checkbox"/>
Terminal Alert Notifications	<input type="checkbox"/>

A consumer credit report and criminal background investigation will be made in connection with this application. Applicant Authorizes Connected P.S. or any of its agents to investigate any of the statements and data obtained on this document. The undersigned represents that all information contained in this application and any document or proof of ID supplied in conjunction is true and correct.

Date: _____

Authorized Signature: _____

Printed Name: _____