New Account Form

Clear Form

Merchant documents to include: valid copy of signer's photo ID, void check/bank letter, EIN/SS4 letter. **Send completed form and documents to info@firsttecpay.com**

Date _____

Agent _____ Agent Phone _____ Agent Email _____

Business Information

Business DBA _____ Business Legal Name _____

DBA Address _____ City _____ State _____ Zip Code _____

DBA Phone Number _____ DBA Fax Number _____

Corp Address _____ City _____ State _____ Zip Code _____

Email Address _____ Website URL _____

Tax Filing Name _____ Tax ID # _____ Business Start Date _____

Products or Services Sold _____ Ownership Type

Ownership Information

Owner Name _____ Title _____ Ownership % _____ Date of Birth _____ SSN _____

Home Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Mobile Phone _____ Email _____

Processing Information

Annual Card Sales Volume – MasterC/Visa $ 0.00 Amex $ 0.00 Discover $ 0.00

Average Sale $ 0.00 Highest Sale $ 0.00 Retail% 90 MO/TO% 10 Internet% 0

MCC# _____ EBT FNS # _____ Amex SE# _____ Discover SE# _____

Equipment Information

Terminal Name_____ Qty _____ POS/ Gateway Name _____

Virtual Terminal ☐ Tips ☐ Auto Settle Time 9:00 pm Pricing Program _____

Additional Underwriting/Equipment Notes

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