

True Credit Card Processing

Required Application Information

Fax: 713-840-1844

Company Info:

Company Legal Business Name: _____

Company DBA Name (If used): _____

Company Tax ID (TIN/EIN) – must match legal name for IRS 1099-K: _____

Date Business was Opened: _____

Business Address: _____

Business Phone: _____ Fax: _____

Owner/Corp Officer SIGNER Info: (This person must be present to sign application)

Legal Name: _____ Title _____

Home Address: _____

Owner's Names: _____

DOB: _____

SSN: (Required for Applications) _____

(REQUIRED BY FEDERAL BANKING LAWS / PATRIOT ACT)

(SSN Is REQUIRED for SOLE PROPRIETORS, PARTNERSHIPS, CORPORATIONS, PA, LLCs, Etc.)

Banking Info:

Copy of **VOIDED CHECK** where Funds are to be deposited

Or **Bank Letter of Verification on Bank Letterhead and signed by bank officer**

Other Info:

AMEX Merchant Account Number: _____

(American Express account will be created for you if you don't have one)