

Corporate Info

Corporate Name:

Name:

Address:

City/State/Zip:

Phone: Fax:

Physical Business Info

Corporate Name:

Name:

Address:

City/State/Zip:

Phone: Fax:

Mailing/Billing Address:

Business Type:

Sole Proprietor
 Partnership
 Corporation/LLC
 Association
 Estate/Trust
 Tax Exempt Organization

Primary Owner/Officer Name: Title: Date Opened: E-mail Address:

Percentage Owned: % Social Security Number: Date of Birth: Home Phone:

Home Address: City/State/Zip:

Products or Service Sold: Federal Tax ID Number:

Card Present (swipe): % (% of customers presenting their cards) Card Keyed (non-swipe): % (% of customers calling in or the card does not swipe and must be keyed)

Annual Visa/MC Sales: \$ Total Number of Locations Owned: Average Ticket per tTransaction: \$ Total Annual CC Sales: \$

PLEASE RETURN FORM, A COPY OF VOIDED CHECK,
AND ONE MONTH'S CREDIT CARD STATEMENT TO:
FAX: (866) 411-5551 • EMAIL: DWilliams@SBSTexas.com
QUESTIONS? CALL: (512) 432-1427