



BUSINESS PROFILE

FOR MERCURY PAYMENT SYSTEMS CREDIT CARD PROCESSING SERVICES

(Information for application purposes only & is not a guarantee of acceptance)

Go to www.MercuryPay.com/go/businessprofile to fill out this form online.



Please Note: The personal information you supply will be used for the purpose of qualifying you as a merchant account by Mercury Payment Systems. This information is held in the strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name*: _____ Legal Business Name*: _____

Street Address: _____ Address*: _____

City: _____ State: ___ Zip*: _____ City: _____ State: ___ Zip*: _____

Phone*: _____ Fax: _____ Phone*: _____ Fax: _____

Primary DBA Contact: _____ Primary Legal Contact: _____

Email Address*: _____ Email Address*: _____

Cell Phone Number: _____ Cell Phone Number: _____

Statement Address: Use DBA Use Legal

Owner/Officer Name*: _____ Email Address*: _____

Social Security Number: _____ Date of Birth*: _____

Home Address*: _____ City: _____ State: ___ Zip*: _____

Years at Address: _____ Your home: Own Rent Home Phone: _____

* required fields

(Continued on back.)

Business Type: Sole Proprietor Partnership Corporation LLC Tax Exempt

Product or Service Sold*: _____ Federal Tax ID #: _____

Cards Swiped: _____% Manually Keyed with Imprinter: _____% Mail Order/ Phone/ Internet: _____%

Annual Visa/MC/Discover Sales: \$_____ Average Ticket: \$_____ Total Number of Locations: _____

Years Business Owned: _____ Hours of Operation: _____

Projected Processing Date*: _____

Application for the following credit cards:

- Visa/ MasterCard/ Discover JCB
- Debit (w/Pin pad) EBT - FNS#: _____ (7 digits)
- American Express Existing AMEX merchant number: _____ (10 digits)

Would you like the application Faxed or E-mailed? Enter FAX or E-mail: _____

What is the best way to contact you? DBA Phone Cell Phone E-mail

* required fields

Your Dealer's Information

Dealership Name: _____

Dealership Address: _____ E-mail: _____

Dealer Name / Primary Contact: _____

Dealer Phone: _____ Dealer Fax: _____

Point of Sale System: _____ Version: _____

Please return this Business Profile to:

Brian Chaplin

Direct Phone: 970-335-4851

Direct Fax: 970-335-4730

E-mail: bchaplin@mercurypay.com