



**APPLICATION AND INFORMATION FORM**

**Business Information**

Type of Entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> Nonprofit				
Bus. Legal Name:			Doing Business As:		
Physical Address:			Billing Address:		
City – State – Zip:			City – State – Zip:		
Federal ID:			Bus. Start Date:		
Contact Name:			Phone:		Fax:
Email:			Website:		
Product Sold:			Use of Proceeds:		
State of Incorp:			Length of Ownership:		# of Locations:
<b>Principal #1</b>	% of Ownership	%	Prior address if less than 2 yrs:		
Full Name:			Social Security #:		
Date of Birth:			Position:		
Driver's License #:			Driver's License St.:		
Home Phone:			Cell Phone:		
Residence Address:			City – State – Zip:		
Length at Residence	Years:	Months:	Own/Rent:		
<b>Principal #2</b>	% of Ownership	%	Prior address if less than 2 yrs:		
Full Name:			Social Security #:		
Date of Birth:			Position:		
Driver's License #:			Driver's License St.:		
Home Phone:			Cell Phone:		
Residence Address:			City – State – Zip:		
Length at Residence	Years:	Months:	Own/Rent:		

**Vendor References**

Company:		Contact:		Phone:	
Company:		Contact:		Phone:	
Company:		Contact:		Phone:	

**Property Information**

Type of Bldg (select one)  
 Free Stdg  
 Mall  
 Home Based  
 Shopping Ctr  
 Office  
 Other \_\_\_\_\_

Own/Lease	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Rent/Mortg:		Lease Start Date:	
Landlord/Mortg Co.:		#months remaining on lease:		Fax:	
Address:		Contact:		Phone:	

**Banking Information**

Routing Number:		Bank Name:	
Account Number:		Contact:	
		Phone:	

TEL: 631-419-7700 | FAX: 631-616-4166



**Credit Card Processing/Terminal Information**

Monthly Visa/MC/Discover Sales Volume:	Previous 3 Month Avg. \$	Annual Visa/MC/Discover Sales Volume:	\$	Total Check Sales Volume:	\$
American Express <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Account #:	Terminal Type:		# of Terminals:	
Processing Sales Profile (must equal 100%): Card Swipe: _____% Keyed(w/imprint): _____% MO/TO: _____% Internet: _____%					

**Merchant Questionnaire**

Has the business or any Principal ever filed for Bankruptcy Protection? Is the business or any Principal contemplating filing Bankruptcy? Reorganization? An assignment for the benefit of creditors? If so, explain.

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Are there any pending, threatened, or recently filed claims, judgments, tax liens, or UCC-1 against the business or any Principal? If yes, please specify.

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Is the business current with rent and/or mortgage payments? If not, please explain your current status.

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What are the daily hours of operation of the business? What days of the week is the business open?

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Is the Business or any Principal in any form of finance program securitized by its future credit card sales? If yes, please explain.

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**Signatures**

Principle understands that this form is used for informational and application purposes only and does not create an Agreement to purchase future receivables.

By signing this Application, the Principle hereby authorizes inquiry into the business' financial information, including, but not limited to, credit reports and criminal and civil matters. Without limiting the generality of the proceeding sentence, the Principle hereby authorizes Merchant Rewards Network, LLC and its affiliates to obtain investigative reports from one of more reporting agencies about the Principle. Any individual that signs this Application hereby authorizes inquiry into the individual's personal financial information, including, but not limited to, consumer reports, investigative reports, and criminal and civil matters.

By signing this Agreement, the Principle hereby authorizes Merchant Rewards Network, LLC and its affiliates to obtain the 12 most recent monthly reports detailing the Principle's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

Signature 1:		Date:	
Signature 2:		Date:	

The above signed hereby certifies that all of the information set forth is true and accurate.

Sales Agent:	By: Darrell Berry	Sales Agent #:	
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