

# Americard Processing Systems

3300 NORTH RIDGE ROAD, SUITE 325

ELLCOTT CITY, MARYLAND 21043

800-352-1654

COMPLETE THE FOLLOWING APPLICATION WORKSHEET &

FAX IT TO (800) 840-5404

## BUSINESS INFORMATION

LEGAL BUSINESS NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MERCHANT URL: www. \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PLEASE CHECK ONE: Closely Held Corp.  Publicly Held Corp.  Ltd Liability Corp.

Sole Proprietorship  Partnership General/Ltd.  Sub-Chapter S  Non-Profit

Services/Products: \_\_\_\_\_ FED ID #: \_\_\_\_\_

YEAR BUSINESS ESTABLISHED: \_\_\_\_\_ LENGTH OF CURRENT OWNERSHIP: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

Do you have Prior experience in similar business? Yes  No  If Yes, years of experience \_\_\_\_\_

HAVE YOU EVER ACCEPTED CREDIT CARDS? \_\_\_\_\_ IF YES, NAME OF CURRENT PROCESSOR: \_\_\_\_\_

IF NO AND THE BUSINESS HAS BEEN IN OPERATION FOR 3+ MONTHS, REASON FOR NOT ACCEPTING THEM \_\_\_\_\_

## MARKETING METHOD (MUST EQUAL 100%)

RETAIL: \_\_\_\_\_% MAIL ORDER \_\_\_\_\_% TRADE SHOW: \_\_\_\_\_% SERVICE: \_\_\_\_\_% INTERNET: \_\_\_\_\_%

WHEN YOU ACCEPT THE CREDIT CARD WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?

Same day \_\_\_\_\_ Or # of days, including shipping time: \_\_\_\_\_

ANTICIPATED MONTHLY CREDIT CARD VOLUME: \_\_\_\_\_ AVERAGE SALE: \_\_\_\_\_

## CREDIT HISTORY

HAVE YOU OR THE BUSINESS BEEN A PARTY TO ANY CLAIMS OR LAW SUITS? Yes  No  BANKRUPTCY? Yes  No

BANK NAME: \_\_\_\_\_ BUSINESS ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ (Please attach a copy of your business check with VOID across it.)

## PERSONAL INFORMATION (If not at least 51%, please provide information on partner/officer)

OWNER/OFFICER NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ OWNERSHIP \_\_\_\_\_%

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS at ADDRESS: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

OWNER/OFFICER NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ OWNERSHIP \_\_\_\_\_%

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS at ADDRESS: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

The above party agrees by this signature to allow credit information to be released to the appropriate lessor: \_\_\_\_\_