

Merchant Information

Fax to 1-866-955-7672

Date _____

Business Legal Name: _____			Business DBA Name: _____			
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
Does the Merchant have any other businesses with current AdvanceMe contracts? _____						
Physical Street Address: _____			City: _____	State: _____	Zip Code: _____	
Billing Street Address (If different than above): _____			City: _____	State: _____	Zip Code: _____	
Physical Location Phone #: _____		Billing Location Phone #: _____		Preferred Contact Phone #: _____		
Industry Type: (SIC Code or Description)		Business Rent/Mortgage Amount (Monthly)		Average CC ticket amount:	Average # of CC Tickets per month:	
Gross Annual Sales (All revenue: As shown on previous year Tax return)			Date the Business first processed Credit Cards under current Ownership: _____			
List the total VISA/MasterCard processing volumes from previous four months.		Last Month: \$ _____	Two Months Ago: \$ _____	Three Months ago: \$ _____	Four Months Ago: \$ _____	
Owner/Officer			Primary Contact <input type="checkbox"/>		Job Title: _____	
Last Name: _____	First Name: _____	SS#: _____	Date of Birth: _____		Home Phone: _____	
Street Address: _____			City: _____	State: _____	Zip Code: _____	

Credit Authorization

The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. **Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.**

Owner / Officer's Name: _____

Owner / Officer's Signature: _____

Sales Information (To be completed by Sales Representative)

Sales Rep #: _____		Sales Rep Name: _____		Sale Rep Contact #: _____	
Additional Contact #: _____			E-Mail Address: _____		
Requested Funding Parameters:					
Product: _____		Purchase Price: \$ _____			
Specified Percentage: _____		Specified Amount: \$ _____			