



Payment Acceptance Solutions

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Merchant Information Request Form

Business Information:

Legal Name: _____
Legal Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
DBA Name: _____
DBA Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Email: _____ Website: _____

Business Type: (select one)

_____ Corporation Federal Tax ID: _____
_____ LLC State Incorporated: _____
_____ Sole Proprietorship Date of Incorporation: _____

Principal's Information:

Officer's Name: _____ Title: _____
Home Address: _____
City: _____ Zip: _____ Phone: _____
DL Number: _____ DOB: _____ SSN: _____

Deposit Information:

Bank Name: _____ Banker: _____
Bank Address: _____
City: _____ Zip: _____ Phone: _____
Routing Number: _____ Account No: _____

Processing Information: Currently Accepting Credit Cards? Yes No

Monthly V/MC Volume: _____ Average Ticket: _____ Highest Ticket: _____

**For accounts with average tickets over \$3,000.00 or with Monthly Volume over \$75,000.00 financial documentation may be required. Please provide copies of recent processing statements and/or bank statements.*