



Merchant Terminal Credit Card Processing

Please print clearly. Check one box per question unless otherwise indicated.

How much is your estimated monthly credit card deposits, into your bank account?

Email

First Name

Last Name

Company Name

Street Address

City

State

ZIP Code

Business Type

☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ S-Corp ☐ C-Corp

Have you had any bankruptcies in the last 10 years?

☐ No

☐ Yes

Do you have any unpaid tax liens?

☐ No

☐ Yes

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Continued

Does your business have any unpaid tax liens against it?

☐ No☐ Yes**Business E.I.N. #**

Personal Street Address

Personal City, State & ZIP

Mobile Phone Number

By signing below, I authorize with written instructions to do a soft pull credit report, and to view your credit profile, as for examining, and then for pre-qualification. Upon our review and confidence, we will then submit your information to 1 lender, who will contact you to do a hard pull inquiry. We will not send you to a 2nd lender/for a 2nd inquiry, without your additional approval.

Disclaimer

Concerned about submitting your information for money help? There is never a hard pull/credit inquiry, until we, or 1 of our lenders/or associates, first communicates with you directly!

Signature

Date

Printed Name