Merchant Preliminary Application

Business Legal Name: _____ DBA: _____

Legal Address: _____ City/State/Zip: _____

DBA Address: _____ City/State/Zip: _____

DBA Phone: _____ Website: _____ Email: _____

Federal Tax ID: _____ TID Type (Check Box): SS#_____   EIN _____

Entity (Check Box): Sole Prop_____ Partnership_____ LLC_____ Non-Profit_____ Corp_____ Business Location: Store Front _____ Office _____ Home _____

Primary Legal Signor Full Name: _____ Title: _____ Cell: _____

% of Ownership: _____ SSN: _____ DOB: _____ DL#: _____ Email: _____

Primary Signor's Physical Address: _____ City/State/Zip: _____

Second Legal Signor Full Name: _____ Title: _____ Cell: _____

% of Ownership: _____ SSN: _____ DOB: _____ DL#: _____ Email: _____

Secondary Signor's Physical Address: _____ City/State/Zip: _____

Yrs in business/# of locations: _____ /_____ Currently accepting credit card payments: _____ Merchant Services Provider Name:_____
Reason for Leaving: _____ Do you have (Check Box): WIFI_____ LAN_____ Phone Line_____

Business Type: _____ Product/Services Sold: _____

Gross Annual Sales: $_____ Annual Credit Card Sales: $ _____

Average Credit Card Amount: $_____ Highest Credit Card Amount: $ _____

How is transaction completed (Enter %): _____ % Swiped _____ % Keyed _____ % Internet/Website

Bank Name: _____ Bank Phone: _____

Deposit Bank Routing#: _____ Bank Account #: _____

Terminal/POS Type:

Clover POS ( ) Clover Flex ( ) Clover Mini ( ) Clover Duo ( ) Other   ( ) PayLink ( ) SwipeSimple ( ) EMV Terminal ( )

Opt into Cash Discount? Yes   ( ) No ( )   Purchase Device / No Agreement ( )   Free Device / 3yr agreement (

**Return preliminary application along with voided check, DL/ID, business license & Tax ID certificate to
JaimePOS by E-mail: Sales@JaimePOS.com or by Text: 909.395.7313**
Information within this form will be used to generate your legal application via DocuSign for your signature.
www.JaimePOS.com