



# Business Merchant Application

## Name/Address

Last:	First:	Title
Name of Business:		Tax I.D. Number
Address:		
City:	State:	ZIP: Phone:

## Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:

Completed by \_\_\_\_\_

Date \_\_\_\_\_