

Merchant Advance Application

Amount Requested \$ _____

Business Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

URL / Website _____

Currently Accept Credit Cards? Y / N

Merchant Account Number _____

What products or Services do you provide?

Number of Locations: _____

How Long in Business: _____

Ownership Structure

- Corporation
- LLC
- Sole Proprietorship
- Partnership
- Other _____

Business Type

- Retail
- Wholesale
- Service
- MOTO
- Internet
- Other _____

Principal Information / Owners

1) Name: _____ SS# _____ - _____ - _____

Title: _____ % Owned: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone: _____

E-Mail: _____

2) Name: _____ **SS#** _____ - _____ - _____

Title: _____ **% Owned:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Mobile Phone:** _____

E-Mail: _____

3) Name: _____ **SS#** _____ - _____ - _____

Title: _____ **% Owned:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Mobile Phone:** _____

E-Mail: _____

The undersigned is duly authorized to sign on behalf of the Merchant and to bind the Merchant to the terms and conditions set forth in this Merchant Advance Application and certifies that all information provided in this Merchant Advance Application is true, correct and complete. The undersigned, on behalf of the Merchant, authorizes Preferred Merchant Services, LTD. or any credit reporting agency employed by Preferred Merchant Services, LTD, to make whatever inquires it deems appropriate to investigate, verify, or research statements or data obtained from Merchant for the purpose of this Merchant Advance Application.

_____ Date _____

_____ Date _____

_____ Date _____