



**YOUR PAYMENT SOLUTION**

[info@yourpaymentsolutions.com](mailto:info@yourpaymentsolutions.com)

Toll Free: 877-532-5155

Fax: 877-532-1235

Please fill out the following Customer Information Sheet in its entirety.

In order to complete our check, please return the following items:

1. This information worksheet
2. (3) Three months' worth of credit statements (if possible)
3. Void check from your business account
4. Copy of your business license (or) another document issued by a government agency that verifies the existence of your business
5. Copy of the document that you, the customer, has signed, authorizing the services and payment.

Thank you so much! We look forward to working with you.

## 1 | MERCHANT INFORMATION

Merchant Business Name (Doing Business As)		Merchant Legal/Corporate Name (If Different from DBA)	
DBA Outlet Address		Legal Address	
DBA Outlet City, State, & Zip Code		Legal City, State, & Zip Code	
Contact Name	DBA Location Telephone #	Customer Service Telephone #	Cell Phone #
Website Address		Merchant Email Address (Required)	

## 2 | IRS DISCLOSURE & FORM W-9

Note: Failure to provide accurate information may result in a withholding if merchant funding per IRS regulations.

<b>IRS Name</b> (Exactly as it appears on your Income Tax Return)		<b>Federal Tax ID #</b> (Used to file your income tax return)	
TIN Type <input type="checkbox"/> Social Security # <input type="checkbox"/> Employer ID #	<b>MUST</b> Check One Box <input type="checkbox"/> Individual/Sole Prop <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC		

## 3 | OWNERS/OFFICERS/PARTNERS

Owner/Principal #1 (PRINT)	Equity Ownership <b>%</b>
Social Security #	Telephone #
Residence Address	
City, State, & Zip Code	Date of Birth
Driver's License #	State of Issuance
Has principal/owner disclosed above filed bankruptcy or been subject to an involuntary bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 4 | OWNERS/OFFICERS/PARTNERS

Owner/Principal #1 (PRINT)	Equity Ownership <b>%</b>
Social Security #	Telephone #
Residence Address	
City, State, & Zip Code	Date of Birth
Driver's License #	State of Issuance
Has principal/owner disclosed above filed bankruptcy or been subject to an involuntary bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 5 | MERCHANT PROFILE AND PROCESSING SUMMARY

What is your gross business volume? <b>\$</b>	What is your average credit card volume? <b>\$</b>	What is your average charge amount? <b>\$</b>	What is the highest charge you'll need to process? <b>\$</b>
<b>WHERE IS THE SALE TRANACTED?</b> In My Store: _____ % On My Website: _____ % Through Phone/Mail Order: _____ % On My Mobile Device: _____ % <b>= 100%</b>		<b>HOW IS THE TRANSACTION COMPLETED?</b> The Card is Swiped: _____ % The Card is Key-Entered: _____ % I Obtain A Voice Authorization: _____ % The Card is Processed Online: _____ % <b>= 100%</b>	
When are your credit card sales deposited? <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Delivery <input type="checkbox"/> Other (Please Explain)		What is your refund policy? <input type="checkbox"/> No Refunds <input type="checkbox"/> Exchange Only <input type="checkbox"/> Full Refund <input type="checkbox"/> Store Credit	
Are Customers Require to Leave Deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percentage Required: _____ %)		Do you perform recurring transactions or auto-renewals? (Please Explain) <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 6 | MERCHANT SITE SURVEY AND BUSINESS DETAILS

Give a detailed explanation of the merchandise and/or service sold/performed by the merchant?	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Petroleum <input type="checkbox"/> Tradeshow <input type="checkbox"/> Car Rental <input type="checkbox"/> Internet <input type="checkbox"/> MO/TO <input type="checkbox"/> Other
Business Location Type <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Home-Based <input type="checkbox"/> Restaurant <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other _____	
Does the merchant inventory and merchandise on shelves and floor appear consistent with the type of business specified above? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Footage <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,000+

