



Merchant Preliminary Application

Business Legal Name: _____ DBA: _____

Legal Address: _____ City/State/Zip: _____

DBA Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

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

Entity (Check Box): Sole Prop _____ Partnership _____ LLC _____ Non-Profit _____ Corp _____

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: _____

Years in business/# of locations: _____ / _____ 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 _____ % Ecommerce _____

Bank Name: _____ Bank Phone: _____

Deposit Bank Routing#: _____ Bank Account #: _____

Terminal/POS Type:

Clover POS Clover Flex Clover Mini Clover Duo Vivid POS GRUBBR POS PayLink SwipeSimple EMV Terminal

Other: _____ Opt into Cash Discount? _____ Opt into Free POS Terminal or station? _____

**Return preliminary application along with voided check, DL/ID, and business license or Tax ID certificate to
JaimePOS by E-mail: Sales@JaimePOS.com or by Text: 702.843.0164**

Information within this form will be used to generate your legal application via DocuSign for your signature.

www.JaimePOS.com

