



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 () Vivid POS () JK POS () PayLink () SwipeSimple () EMV Terminal ()

Other: _____ 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

