



Required Information for TransFirst Merchant Services Setup

| Business Information | | | | | |
|---|--------|---|------|--|--|
| Business Name (legal not DBA): | | | | | |
| Street Address 1: | | | | | |
| Street Address 2: | | | | | |
| City | State: | | Zip: | | |
| Phone: | | Fax: | | | |
| DBA Name Address (No PO Box's): | | | | | |
| City | State: | | Zip: | | |
| Email Address: | | Federal Tax Id: | | | |
| Type of Ownership (LLC, Corp, Etc.): | | | | | |
| Briefly Describe Products or Services Sold: | | | | | |
| Length Business Owned: | | | | | |
| Personal Information | | | | | |
| First Name: | | Last Name: | | | |
| SSN: | | Percentage of Business Owned: | | | |
| Home Address: | | | | | |
| City | State: | | Zip: | | |
| Residential Phone: | | | | | |
| Percentage (Avg.) of Credit Cards to be Swiped: | | Percentage (Avg.) of Credit Cards to be Manually Entered: | | | |
| Average Ticket Size: | | Expected Monthly Sales: | | | |
| Bank Information | | | | | |
| Bank Name: | | | | | |
| Routing Number: | | | | | |
| Account Number: | | | | | |
| Business & Individual Identification Information | | | | | |
| Business License Number: | | Place of Issuance: | | | |
| Date Issued: | | Expiration Date: | | | |
| Drivers License Number: | | State: | | | |
| Date Issued: | | Expiration Date: | | | |

Please Fax Form Upon Completion to myServiceForce Attn: TransFirst at 610-646-0960