



CUSTOM CREDIT CARD PROCESSING, INC.

NEW MERCHANT WORKSHEET

Business Name (s)	
Business Legal Name (As it appears on your income tax return):	
Business Name (Doing Business As):	
Contact Person:	
Contact Email:	
Office Phone:	
Office Fax:	
Billing address:	
Location address (if same as billing address list "same"):	
Cell/alternative phone:	
Business Email Address:	
Web Address:	
Bank Information	
Bank Name:	
Bank Account #:	
Bank Routing #:	
	Would you prefer paper statements or online access? Paper statements _____ Online Access _____
General Business Information	
Length of Ownership:	
Business Open Date:	
Seasonal:	
Monthly Credit & Debit Card Volume:	
Average ticket:	
Highest Ticket:	
Business Type (Check One):	Retail _____ Restaurant _____ Association MO/TO _____ Ecommerce _____



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**NEW MERCHANT WORKSHEET
- CONTINUED -**

Type of Business	
Type of Ownership:	Corp ¹ ____ LLC ____ Sole Prop ² ____ Non Profit ³ ____ Other ____
Federal Tax ID:	
Owner / Officer Name & Title With % Of Ownership:	
Owner/Officer's email for E-signature:	
Date of Birth & Social Security number:	
Owner / Officer Home Address, City, State, and zip:	
Home Phone Number:	
Credit Card Information	
Do you use a credit card terminal & what model? ____ Yes ____ No. Model _____	Will we be setting up a new gateway account for website processing or a virtual terminal? _____ Website _____ virtual terminal
Location Information	
How is your business zoned?	Business ____ Industrial ____ Residential ____
Business location:	Mall ____ Home ____ Shopping Center ____ Office ____ Isolated ____ DoorToDoor ____ Apartment ____ Flea market ____ Other _____
Please list the number of Terminals/Registers & Employees:	Terminals/Registers ____ Employees ____
Which Floor do you occupy?	Ground Floor ____ Other _____
Where is your business name displayed?	Window ____ Door ____ Storefront ____
List how many floors in your building:	1 ____ 2-4 ____ 5-10 ____ 11+ ____
Who occupies the remaining floors?	Residential ____ Commercial ____ Combination ____ None ____
Approximate your Square Footage:	0-250 ____ 251-500 ____ 501-2000 ____ 2001+ ____
	Please provide an imprinted voided check FOR STARTER CHECKS WE WILL NEED A SIGNED LETTER FROM YOUR BANK verifying business name, bank routing# & acct#
	If you are purchasing a Clover POS system, we will need either an electronic copy of your menu or URL to an online menu.

¹ **If incorporated, please provide the state in which your business is incorporated & the date of incorporation.**

² **If sole proprietor, please provide a copy of the business license.**

³ **If non-profit, please provide a copy of the 501C3.**