



Payment Processing, Inc.

PRICING QUOTATION / MERCHANT PRE-APPLICATION

Legal Name of Business: _____

DBA Name (if different from above): _____

Physical Business Address: _____

Corporate Address (if different from above): _____

Business Telephone #: _____ Fax #: _____

Nature of Business: _____ (ie: Restaurant, Hotel, Retail, Mail Order, Internet)

Average transactions \$_____ Estimated monthly Visa/MC volume \$_____

Existing Merchants: Complete to here and fax recent 3 months merchant statements.

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New Merchants: Complete the following to start your new Merchant Account:

Federal Tax ID# : _____ Date Business Started: _____

Trade Reference: (name, address, phone number, fax, contact name, account number):

1) _____

2) _____

AMEX or other Existing Merchant ID numbers (if applicable): _____

Owner's or Signer's Information:

% of ownership: _____% (if multiple owners, provide the information below for all owners)

Full Name: _____ Social Security #: _____

Home Street Address: _____ own / rent (circle one)

City: _____, State _____ Zip Code _____

Home Telephone #: _____ How long at current address: _____

Driver's License #: _____ State Driver's License Issued: _____

Date of Birth: ____-____-____ Has Owner ever filed for bankruptcy? _____

Please fax this back along with a copy of the following documents to (310)649-7855:

For Quotations to Existing Merchants please provide 3 months Merchant Account Statements

- 1. Business License, DBA filing, or Articles of Incorporation
2. Voided Check (from bank account where you want funds deposited)
3. Driver's License (of all owner's/signers—please try to enlarge and lighten the image)