

MERCHANT PROCESSING APPLICATION

Sales Rep:		-	•	les Rep Email: e	solis@adqfunding.cor	m; info@a	adqfunding.cor	n
Sales Rep Fax:	Mercha	ant ID (MID):		MCC Code:				
BUSINESS INFORMATION:								
DBA (Doing Business As) Name:				Business/Corporate Name: (as shown on your Income Tax Return)				
Location Address:				City:			State:	Zip:
Statement Mailing Address:				City:			State:	Zip:
Business Phone Number:				Business Fax Number:				
Email:				Website:				
Bank Name:	Name on Bank Account:			Checking Account #: Ba			ank Routing #:	
Federal Tax ID:				TIN Type: □ EIN □ SSN			Contact Name:	
Type of Merchant: ☐ Sole Proprietor☐ Partnership☐ LLC☐ Corporation☐ Non-Profit Ot							Statement Option Type: ☐ Electronic☐ Paper	
Business Processing Category: Retail Restaurant MOTO Internet Other								
Merchandise/Services Sold: Years in Business:								
Currently accept Visa/MasterCard/Discover/AXP? Seasonal Merchant: Yes No				If yes, indicate active J F M A M J J A S O N D months:				
Percent of Business: (must equal 100%) Card Swipe:								
Avg Ticket:	High Ticket:			Avg Monthly Volume: Hig			igh Monthly Volume:	
Transaction Descriptor to Appear on Cardholder's Statement:					Customer Service Phone Number to Appear on Cardholder's Statement:			
OWNERS AND OFFICERS: List all owning 25% or more business equity. Use addendum to list additional								
Name:		Title:		Applicant's SS#:		Date of Birth: Equ		Equity Ownership:
Residence Address:	City, State, Zi	p:	Ph			one Number:		
Name:		Title:		Applicant's SS#:		Date of B	Birth:	Equity Ownership:
Residence Address:	City, State, Zi	p:	Pho			ne Number:		
PRIMARY CONTROL CONTACT: List person responsible for control/management of account (CEO, COO, Manager, etc.).								
Name: Residence Addres		ss: City, State, Zip:		Date of Birth:			SS#:	
SERVICES REQUESTED:								
American Express Volume > \$1,000,000	Discover Retained SE#:							
EBT: Cash Benefits Food Stamp (SNAP)* PIN DEBIT (ex. STAR, NYCE, INTERLINK, PULSE, M.							SE, MAESTRO)