

MERCHANT SERVICES PRE-APPLICATION

Custsvc@epicmerchantsvcs.com

Business Information:				
Business Legal Name:				
Legal Address:	City:			
State:	Zip:			
Is your DBA information same as legal?				
Yes No				
DBA Location Building Type:	Area Zoned:			
Square Footage:	Customer Service Phone Number:			
Customer Service Email:	Ownership Type:			
Website Url:				
Federal Tax ID/EIN:	Month/Year Started:			
Products/Services Sold:	Number Of Employees:			
Total Gross Annual Sales (Cash, Check, C.C.'s): Annual Credit Card Sales:			
Average Sales Transaction Amount:	Highest Transaction Amount:			
Percentage Of Business To Business Sales: Percentage Of Business To Customer Sales:				

OWNER/OFFICER Information:

Full Name:		Title:	
Ownership (%):		Phone:	
Email:			
D.O.B.	Social Security:		
Residence Address:			

*Any person holding 25% or more ownership will need to provide their social security number and D.O.B

"If you are a Card Not Present business such as ecommerce and/or take phone orders and enter card info manually, please go onto page 2 and complete."

Phone Orders/Ecommerce Profile Questionnaire:

What marketing method do you use to acquire customers?			
Percentage of customer base: U.S. %, International %			
Method of delivery: Credit card sales are charged on:			
If charged on date of order, how long before customer receives product?			
Does your billing strategy involve automatic billing after a trial period?			
Do you do recurring billing? Yes No If so, what frequency?			
Do you require deposits? Yes No If yes: (a) % of sales required:			
(B) Is final payment due before fulfillment? Yes No Number of days before:			
Do you own the product/inventory? Yes No Is product stored at your location? Yes No			
If no, where is it stored?			
Who performs product/service fulfillment?			
If vendor: (a) Do you have a signed fulfillment agreement? Yes No			
(B) Name of vendor company:			
Phone: Address:			
City: State: Zip:			

Please describe how transaction works from order taking to order fulfillment: