



InstaPayment MERCHANT APPLICATION

Please print and fill out this form. Fax back to 866-497-1222

Agent Office InstaPayment-Corp

Agent Telephone (866) 632-4325

Sales Representative Staff

Merchant Information (Required)	Legal Name of Business		DBA (doing business as)		
	Street Address (Physical address--no P.O. boxes)		City	State	Zip
	Mailing Address (If different from Street Address)		City	State	Zip
	Telephone No. () - () - ()	Business Fax No. () - () - ()	Tax ID No. (Required--9 digits)	Age of Business Yrs. Mos.	
	Authorized Business Representative	Merchant E-Mail	Merchant Customer Service E-Mail	Merchant Customer Service Telephone No. () - () - ()	
	List Type of Business/Products/Services Sold (Be specific)		ISP or INFO@ E-Mail	Merchant URL	

Ownership	51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application				
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Government (Federal/state/local)	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Associations/Estates and Trusts	
	<input type="checkbox"/> Medical or Legal Corporation	<input type="checkbox"/> International Organization	<input type="checkbox"/> Tax-Exempt Organization (501C)		
	Principal's Name		Ownership %	Title	
	Date of Birth (mm/dd/yyyy) (Required) / /		Social Security No. (Required)		
	Driver's License No./State Issued ID (Required)		Driver's Lic. State/Expiration Date (Required) /		
	Street Address (Physical address--No P.O. boxes)		City	State	Zip
	Home No. () - () - ()				
	Second Principal's Name		Ownership %	Title	

DDA	Direct Deposit Account designates account for electronic funds transfer (credits and debits) Merchant authorizes this account to be electronically debited for amounts owing pursuant to the Merchant Agreement and this Merchant Application.				
	Bank Name	Transit Routing No	Deposit Account No.	Telephone () - () - ()	Bank Contact

Marketing	Merchant Marketing Method (Enter all that apply; must equal 100%)		Merchants--Please indicate type of business below		
	Retail <i>Card Present</i> _____%	Service _____%	<input type="checkbox"/> Retail (Must be at least 70% swiped)	<input type="checkbox"/> Restaurant Tips? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Trade Show _____%	Telephone Order _____%	<input type="checkbox"/> Keyed/Card-Not-Present (30% + keyed)	Merchant Swiped/Keyed Percentage (Must equal 100%)	
	Internet _____%	Mail Order _____%	_____ %Swiped	_____ %Keyed With Signed Imprint	

Processor	Are you now processing or have you ever processed MasterCard/Visa? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a previous processor's statement)				
	Name of Processor _____				
Rates Quoted	Have you ever had a bankcard relationship terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach explanation)				
	Average Combined Monthly Volume 1 \$_____ Average Ticket/Sales Amount 2 \$_____				

Equipment/Software	Monthly Minimum \$_____ Cust. Support \$_____ Statement Fee \$_____ Gateway Fee\$_____				
	Qual. <input type="checkbox"/> Mid <input type="checkbox"/> Non <input type="checkbox"/> Interchange Fees \$_____				

Equipment/Software	<input type="checkbox"/> CARDnet Platform	<input type="checkbox"/> Terminal _____	<input type="checkbox"/> Software _____
	<input type="checkbox"/> Omaha Platform	<input type="checkbox"/> Printer _____	<input type="checkbox"/> Turnkey _____
	<input type="checkbox"/> Nashville Platform	<input type="checkbox"/> PIN Pad _____	<input type="checkbox"/> Other _____
	Conversions/Existing Equipment		REPROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO

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