



# BUSINESS PROFILE

## FOR MERCURY PAYMENT SYSTEMS CREDIT CARD PROCESSING SERVICES

(Information for application purposes only & is not a guarantee of acceptance)

Go to [www.MercuryPay.com/go/businessprofile](http://www.MercuryPay.com/go/businessprofile) to fill out this form online.



**Please Note:** The personal information you supply will be used for the purpose of qualifying you as a merchant account by Mercury Payment Systems. This information is held in the strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name\*: \_\_\_\_\_ Legal Business Name\*: \_\_\_\_\_

Street Address: \_\_\_\_\_ Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary DBA Contact: \_\_\_\_\_ Primary Legal Contact: \_\_\_\_\_

Email Address\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Statement Address:  Use DBA  Use Legal

Owner/Officer Name\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip\*: \_\_\_\_\_

Years at Address: \_\_\_\_\_ Your home:  Own  Rent Home Phone: \_\_\_\_\_

\* required fields

(Continued on back.)

Business Type:  Sole Proprietor  Partnership  Corporation  LLC  Tax Exempt

Product or Service Sold\*: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Cards Swiped: \_\_\_\_\_% Manually Keyed with Imprinter: \_\_\_\_\_% Mail Order/ Phone/ Internet: \_\_\_\_\_%

Annual Visa/MC/Discover Sales: \$\_\_\_\_\_ Average Ticket: \$\_\_\_\_\_ Total Number of Locations: \_\_\_\_\_

Years Business Owned: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Projected Processing Date\*: \_\_\_\_\_

Application for the following credit cards:

- Visa/ MasterCard/ Discover  JCB
- Debit (w/Pin pad)  EBT - FNS#: \_\_\_\_\_ (7 digits)
- American Express Existing AMEX merchant number: \_\_\_\_\_ (10 digits)

Would you like the application Faxed or E-mailed? Enter FAX or E-mail: \_\_\_\_\_

What is the best way to contact you?  DBA Phone  Cell Phone  E-mail

\* required fields

Your Dealer's Information

Dealership Name: \_\_\_\_\_

Dealership Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dealer Name / Primary Contact: \_\_\_\_\_

Dealer Phone: \_\_\_\_\_ Dealer Fax: \_\_\_\_\_

Point of Sale System: \_\_\_\_\_ Version: \_\_\_\_\_

**Please return this Business Profile to:**

**Russell Boone**

**Fax: 970-335-4024**

**E-mail: rboone@mercurypay.com**