



# PRE-APPLICATION

## FOR MERCURY PAYMENT SYSTEMS CREDIT CARD PROCESSING SERVICES

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

Please Note: The personal information you supply will be used *only for the purpose of qualifying you for a merchant account by Mercury Payment Systems*. This information is held in 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: _____
Contact Name at DBA: _____	Contact Name at Legal: _____
E-Mail: _____	E-Mail: _____

Mailing/Billing Address:  
 Use DBA     Use Legal     Other \_\_\_\_\_

Primary Owner/Officer Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Years at this address: \_\_\_\_\_ Own or Rent your home : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Type:  
 Sole Proprietor     Partnership     Corporation     LLC     Association/ Estate/Trust     Tax Exempt Organization

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

Card Present (swipe): \_\_\_\_\_ % (% of customers presenting their cards)  
 Card Keyed (non-swipe): \_\_\_\_\_ % (% of customers calling in or the card does not swipe, and must be keyed)

DBA Annual Visa/MC Sales: \$ \_\_\_\_\_ Average Ticket: \$ \_\_\_\_\_  
 Total number of merchant locations (not necessarily # enrolled at this time): \_\_\_\_\_  
 Total annual Visa/MC sales for all locations: \$ \_\_\_\_\_

How many years have you owned this business? \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Application for the following card services:  
 Visa/MasterCard     JCB  
 Discover     EBT  
 Diners Club     Debit (w/Pinpad)  
 American Express

**IF YOU HAVE EXISTING AMEX or DISCOVER MERCHANT NUMBERS, PLEASE LIST THEM BELOW:**

Discover Merchant #: \_\_\_\_\_ (At this location only)  
 American Express Merchant #: \_\_\_\_\_ (At this location only)



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1. Dealer Business Name and Address:
  
2. Dealer Contact & Telephone Number:
  
3. POS System/Type of Connection:
  
4. Should we return the application to the merchant or dealer for signatures?
  
5. What email or fax number would you like us to send your application to?

PLEASE RETURN THIS PRE-APPLICATION BY MAIL OR FAX TO:  
**Mercury Payment Systems (mailing address below)**

FAX: 970-385-3436



Please Attach a Voided  
Pre-Printed Business Check Here