

**Merchant Advance Application (FAX TO : 888-411-1164 )**

Business Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Open Date: \_\_\_\_\_ Mo \_\_\_\_\_ Yr.

Business Billing Address: (If different from location address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Current Ownership: \_\_\_\_\_ Mo. \_\_\_\_\_ Yr.

Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Monthly Volume: \_\_\_\_\_ Credit Card Average Monthly Volume: \_\_\_\_\_

Owner/Officer #1: \_\_\_\_\_ Owner/Officer Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_%

Owner/Officer #2 Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_%

Name of Merchant Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Trade Reference #1 – Co Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Trade Reference #2 – Co Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Lease or Own (Circle One) Lease Start Date: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Mo. Payment: \_\_\_\_\_

Landlord/Mgmt Co. or /Bank: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The above listed Merchant and Owner(s)/Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to RMATM/Associated Merchant Services are true and correct and Applicants will immediately notify RMATM/Associated Merchant Services of any financial change in said Merchant Applicants hereby authorize RMATM/Associated Merchant Services to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that RMATM/Associated Merchant Services deems necessary. Applicants hereby authorize the release by any creditor or financial institution to RMATM/Associated Merchant Services of any information relating to any of the Applicants. Applicants waive and release any claims against RMATM/Associated Merchant Services or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by RMATM/Associated Merchant Services. Applicants agree that any pre-qualified offers made by or on behalf of RMATM/Associated Merchant Services are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at RMATM/Associated Merchant Services express, written direction.

Owner/Office's Name: \_\_\_\_\_

Owner/Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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