



////////////////////////////////Business Name and Address Information////////////////////////////////

Legal Business Name:			
Legal Address:			
City/State/Zip:			
Phone:		Fax:	
Years in Business:		Merchandise Sold:	
E-Mail Address:			
Contact Name:			

Merchant DBA Name:			
Location Address:			
City/State/Zip:			
Phone:		Fax:	
# of Locations:		Tax ID#	
Website Address:			
Corp/Part/Sole:			

\*\*\*\*\*////////////////////////////////Rate Quote////////////////////////////////\*\*\*\*\*

**E-Commerce Account & Payment Gateway Pricing**

<b>No Sign up fee/ No cancellation fees</b>	
2.25% E-commerce discount rate (Visa / MasterCard / Discover)	
3.10% non qualified	
Per item fee: .25 (cents)	
Monthly Fee: \$20.00 – includes monthly statement, support, secure payment gateway	
Charge back (lost dispute) \$15.00 per occurrence / Voice Authorization .60 cents per occurrence/ Batch Fee .25 cents	

////////////////////////////////Bank Card Information////////////////////////////////

AMEX Merchant Account #(existing):			
To establish new AMEX account, call 800-528-5200 and enter the above 10 digit ID			
Annual VISA/MC Sales (approx.):	\$	Estimated Average Ticket:	\$
Processing Method:		Dial Up: <input type="checkbox"/>	IP: <input checked="" type="checkbox"/>

////////////////////////////////Owner / Officer////////////////////////////////

Name:		D.O.B. :		Social Security #:	
Address:			City/State/Zip:		
Home Phone:		Years There?:		Do You Own or Lease?:	

////////////////////////////////Bank Reference////////////////////////////////

Principal Bank:			Phone Number:		
Account Number:		Routing Transit #:		Contact:	

Please fax copy of voided check for deposit account along with this worksheet

Please Return by Facsimile To: 484-910-4268