

You may return this form by fax or email: Fax 408-683-9793 email: retailer@ebtclientservices.com

## Confidential Merchant Application Form

Legal Business Name \_\_\_\_\_ DBA: \_\_\_\_\_  
 FTID: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Business Information</b>	
Legal Address	
DBA Address	
Contact Name	
Contact Phone number	
Business Phone Number	
FAX Number	
Business Email Address	
<b>Business Owner's Name</b>	
Home Address	
Telephone number/Email	Email:
Social Security # Date of Birth	Date of Birth:
State Issued ID / Driver License	
Percentage of Ownership	
<b>Partner's Name</b>	
Home Address	
Telephone Number	Email:
Social Security Number	Date of Birth:
<b>Business Information</b>	
Name of Bank	Amount Applying for: \$
Routing Number	
Account number	
Business Monthly Sales Volume	\$ .
Type of Business	
Year Business Started	
Corp/LLC/LLP/ Sole Proprietorship	
Business Operation Hours	:AM : PM Please Provide: 3 months Bank Statements
<b>Notes:</b>	State Driver License or ID
	Voided Business Check