

Vendor Application Request for Acquiring CIDcash® Payments

Pre-Applicant Information

Business Name:

Current Address:

City:

State:

ZIP:

Business Website Address:

Business Contact:

Phone #:

Fax #:

of Locations

Ownership Information

Ownership type - please indicate ONE only :

Sole Prop.
 Corp.
 LLC
 Partnership
 Non-Profit
 Municipality

Owner/Partner/Officer Name:

Title:

Original Business
Open Date (mm/dd/yy):

Starting Date of
Current Ownership (mm/dd/yy):

Business Profile

Type of Goods/
Services Sold:

Average
Transaction (\$) :

Expected
Annual Sales (\$):

Visa & MasterCard
 Never Accepted
 Currently Accepted: Bank Cards

Seasonal
 No
 Yes, high volume months
 Sales ? :

Previous
Processor:

of Checks Received
Monthly:

of Checks Returned
Monthly:

Checks Returned from
Closed Accounts Monthly:

Average Check Amt (\$):

Largest Check Amount
Vendor Normally Receives (\$):

Please fax completed form to:

and then FAX to our Risk Department at 619-593-2010