

MERCHANT INFORMATION FORM

Note: This is NOT the actual application

Please provide us with the following information. For multi-location merchants please provide DBA name, address, phone, and fax number for each location. Please send completed via fax or E-Mail to

: or

Business Information

Business Name (DBA)					
Legal Name					
Location Address					
City, State, Zip					
Location Phone					
Location Fax					
Federal Tax ID Number					
D&B #					
Business EST Date		Length of Current Ownership:			
Corp. Contact					
Corp. Contact – E mail					
Corp. website					
American Express SE # or OPT Blue					
Product(s) Sold					
Business Structure		Sole-Proprietor	Closely Held Corp.	***LLC	Sub Chapter S
Non-Profit		Partnership	Publicly Held Corp.	Trust	Government
Highest Monthly Dollar Volume				Average Ticket:	
High Ticket (largest dollar amount for a single transaction):				Frequency high ticket is reached (yearly):	
Total Annual Revenue					

Mailing Address for Statements (If different from above)

Corporate/Legal Name		
Address or P.O. Box		
City, State, Zip		
Corporate Phone		
Corporate Fax		

Owner/Officer/Partner Signing

Name (First, MI, Last)		
Social Security #		
Date of Birth		
Home Street Address		
City, State, Zip		
Home Phone		
E Mail address:		
Title & % of ownership		
Name of person met when onsite inspection was carried out:		

Please provide a scanned copy of the signatory's driving license (required)..If filling this form electronically, click (one click only) on the image box below to upload an image..

Intermediary Beneficial Business/Individual

<i>Fill details below if a third party (other than the signatory) owns more than 25% of the business</i>	
Name (First, MI, Last -if individual)	
Business Name (if business-owned)	
Address	
City, State, Zip	
Phone Number	
E-Mail address:	
Social Security Number (if individual)	
Tax ID (If Business-owned)	
Title & % of ownership	

Intermediary Beneficial Business/Individual

<i>Fill details below if a third party (other than the signatory) owns more than 25% of the business</i>	
Name (First, MI, Last -if individual)	
Business Name (if business-owned)	
Address	
City, State, Zip	
Phone Number	
E-Mail address:	
Social Security Number (if individual)	
Tax ID (If Business-owned)	
Title & % of ownership	

Intermediary Beneficial Business/Individual

<i>Fill details below if a third party (other than the signatory) owns more than 25% of the business</i>	
Name (First, MI, Last -if individual)	
Business Name (if business-owned)	
Address	
City, State, Zip	
Phone Number	
E-Mail address:	
Social Security Number (if individual)	
Tax ID (If Business-owned)	
Title & % of ownership	

Intermediary Beneficial Business/Individual

<i>Fill details below if a third party (other than the signatory) owns more than 25% of the business</i>	
Name (First, MI, Last -if individual)	
Business Name (if business-owned)	
Address	
City, State, Zip	
Phone Number	
E-Mail address:	
Social Security Number (if individual)	
Tax ID (If Business-owned)	
Title & % of ownership	

For multi location merchants please attach multi location spreadsheet*

Equipment Programming Information

Number of terminals	
Should your new terminal work on a dial or IP connection? If IP: is your network static or dynamic? ***If static additional programming information required *** Additional Information (if IP is static): If connecting through a dial line do you need to dial 9 or 0 to get an open telephone line? *** If a 9 or 0 is required it must be programmed into the terminal for it to connect ***	*Static IP Address * Gateway Address * DNS1 * DNS 2 * Subnet Mask
Would you like an invoice prompt on your credit card receipt?	
For Restaurants Only	Tip Line Server Prompt
What time do you prefer the Auto Close be set for? (Recommended at 10pm EST)	
Is there any footer you want printed on the receipts generated by the terminal? i.e. restocking fee or return policy	
What Settlement Report would you prefer? Detailed, Summary, or Both	
Pricing Over Interchange	Basis Points: Cents:
Method of Processing	MOTO % Internet % CP Swipe % CP No Swipe %
PCI Compliance Package	
Buying Group / Referral Source	
Previous Processor	
Equipment to be sent to:	

Mailing Address for Equipment (if "Other")

Corporate/Legal Name	
Address or P.O. Box	
City, State, Zip	
Corporate Phone	
Corporate Fax	

By returning this form to CLARUS the merchant acknowledges that the information provided is accurate and up-to-date:

: Fax

Direct Line



2740 SW Martin Downs Blvd, Suite 262

ph 877.247.2776 fax 866.892.1167

www.gp-assoc.com

Additional Comments or Requests:

Additional Locations

Business Information (Additional Location 1)

Business Name (DBA)	
Legal Name	
Location Address	
City, State, Zip	
Location Phone	
Location Fax	
Federal Tax ID Number	
D&B #	
Business EST Date	Length of Current Ownership:
Corp. Contact	
Corp. Contact – E mail	
Corp. website	
American Express SE # or OPT Blue	
Product(s) Sold	
Highest Monthly Dollar Volume	
Average Ticket:	
High Ticket (largest dollar amount for a single transaction):	Frequency high ticket is reached (yearly):
Total Annual Revenue	

Business Information (Additional Location 2)

Business Name (DBA)	
Legal Name	
Location Address	
City, State, Zip	
Location Phone	
Location Fax	
Federal Tax ID Number	
D&B #	
Business EST Date	Length of Current Ownership:
Corp. Contact	
Corp. Contact – E mail	
Corp. website	
American Express SE # or OPT Blue	
Highest Monthly Dollar Volume	
Average Ticket:	
Product(s) Sold	
High Ticket (largest dollar amount for a single transaction):	Frequency high ticket is reached (yearly):
Total Annual Revenue	

Additional Locations

Business Information (Additional Location 3)

Business Name (DBA)			
Legal Name			
Location Address			
City, State, Zip			
Location Phone			
Location Fax			
Federal Tax ID Number			
D&B #			
Business EST Date		Length of Current Ownership:	
Corp. Contact			
Corp. Contact – E mail			
Corp. website			
American Express SE # or OPT Blue			
Product(s) Sold			
Highest Monthly Dollar Volume			
Average Ticket:			
High Ticket (largest dollar amount for a single transaction):		Frequency high ticket is reached (yearly):	
Total Annual Revenue			

Business Information (Additional Location 4)

Business Name (DBA)			
Legal Name			
Location Address			
City, State, Zip			
Location Phone			
Location Fax			
Federal Tax ID Number			
D&B #			
Business EST Date		Length of Current Ownership:	
Corp. Contact			
Corp. Contact – E mail			
Corp. website			
American Express SE # or OPT Blue			
Highest Monthly Dollar Volume			
Average Ticket:			
Product(s) Sold			
High Ticket (largest dollar amount for a single transaction):		Frequency high ticket is reached (yearly):	
Total Annual Revenue			