

**Sign up today! Fax this form to 480-247-4860**

**I am interested in... – check one or more:**

- |   |  |
|---|--|
| <input type="checkbox"/> Credit and Debit Card Processing | <input type="checkbox"/> Mobile Processing |
| <input type="checkbox"/> Merchant Cash Advance            | <input type="checkbox"/> Loyalty Program   |

**ABOUT YOUR BUSINESS:**

- What is your company's doing-business name? \_\_\_\_\_
- What is your business legal /Tax filing name? \_\_\_\_\_
- What is your Federal Tax ID number? \_\_\_\_\_
- What month and year did your business start? \_\_\_\_\_
- Sole Proprietor    LLC    Non-Profit    Private Corp    Public Corp
- What is the business phone number? \_\_\_\_\_
- What is your business address? \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- What is your fax number? \_\_\_\_\_
- What is your e-mail address? \_\_\_\_\_

**EQUIPMENT:**

**What mobile device will you be using for processing?**

- Mobile Device Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Cellular Carrier : \_\_\_\_\_ Number of Devices: \_\_\_\_\_

**ABOUT THE OWNER/SIGNER:**

- What is your first and last name? \_\_\_\_\_
- What is your title? \_\_\_\_\_
- What percentage of ownership do you have? \_\_\_\_\_
- What is your home phone number? \_\_\_\_\_
- What is your home address? \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- What is Driver's license #? \_\_\_\_\_ Issuing state? \_\_\_\_\_
- What is your social security number? \_\_\_\_\_
- Date of Birth? \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Questions? Please call Jacob at 866-420-4613 option 1114 or  
 Email: [JacobImhoff@franchisepayments.net](mailto:JacobImhoff@franchisepayments.net)**