

Business Profile

Attach a pre-printed voided business check here.

Business Profile for Mercury Payment Systems CREDIT CARD PROCESSING SERVICE

(Information for pre-qualification purposes only and not a guarantee of acceptance.)

Please Note: The personal information you supply will be used for the purpose of qualifying you as a merchant account by Mercury Payment Systems. This information is held in the strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name*: _____ Legal Business Name*: _____

Street Address: _____ Address*: _____

City: _____ State: ___ Zip*: _____ City: _____ State: ___ Zip*: _____

Phone*: _____ Fax: _____ Phone*: _____ Fax: _____

Primary DBA Contact: _____ Primary Legal Contact: _____

Email Address*: _____ Email Address*: _____

Cell Phone Number: _____ Cell Phone Number: _____

Statement Address: _ Use DBA _ Use Legal

Owner/Officer Name*: _____ Email Address*: _____

Social Security Number: _____ Date of Birth*: _____

Home Address*: _____ City: _____ State: ___ Zip*: _____

Years at Address: _____ Your home: _ Own _ Rent Home Phone: _____

Product or Service Sold*: _____ Federal Tax ID #: _____

* Required fields

Cards Swiped: _____% Manually Keyed with Imprinter: _____% Mail Order/ Phone/ Internet: _____%
Annual Visa/MC Sales: \$_____ Average Ticket: \$_____ Total Number of Locations: _____
Years Business Owned: _____ Hours of Operation: _____
Projected Processing Date*: _____

Application for the following credit cards:

- Visa/ MasterCard Debit (w/Pin pad) EBT - FNS# _____ (7digits)
- Discover Existing Discover merchant number: _____ (15 digits)
- American Express Existing AMEX merchant number: _____ (10 digits)
- JCB

Would you like the application Faxed or E-mailed? Enter FAX or E-mail: _____

What is the best way to contact you? _ DBA Phone _ Cell Phone _ E-mail

* required fields

Point Of Sale Dealer Information

Dealership Name: **Factory Service Co., Inc.**

Mailing Address: **PO Box 461900 – Aurora, CO. 80046** E-mail: **Sales@BestPointOfSale.com**

Dealer Name / Primary Contact: **Tom Skarbowski**

Dealer Phone: **866 285 7613** Dealer Alternative Fax: **303 380 8439**

Point of Sale System: **Point Of Success**

Please return this Business Profile to:

Point Of Success Account Representative

Fax: 970-335-4031

Mercury Payment Systems
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