New Merchant Services Intake Form

Fax to 1-866-542-8629

Email: underwriting@QuantumGo.com

AGENT NAME_____**STATE** _____**AGENT PHONE NUMBER** _____

GENERAL BUSINESS INFORMATION

LEGAL BUSINESS NAME _____ DOING BUSINESS AS _____

TYPE: q Corp. q Sole Prop. q Partnership q LLC q LTD Partnership q Other_____ Federal Tax ID#_____

BUSINESS ADDRESS_____ CITY _____STATE _____ ZIPCODE _____

BUSINESS PHONE # _____ FAX#_____ DATE BUS. STARTED (mm/yyyy)_____

DESCRIPTION OF BUSINESS _____EMAIL ADDRESS _____

TOTAL ANNUAL SALES VOLUME $_____ AVG TICKET $ _____ HIGHEST TICKET AMOUNT $ _____

PRINCIPAL INFORMATION

FULL NAME_____ TITLE _____ OWNERSHIP % _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIPCODE_____

TIME AT HOME ADDRESS _____ DOB:_____ SOCIAL SECURITY NUMBER_____

HOME PHONE # _____ ALTERNATIVE/CELL PHONE #_____

NOTES

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