

# Checklist and Site Survey Sheet

**Checklist**

Merchant Name \_\_\_\_\_

**Retail Business**

- Signatures
- Voided Business Check (Bank letter needed if not imprinted)
- Business License, Corporate Certificate & Articles of Incorporation or Articles of Organization
- Previous Processing Statements (last 3 months)
- Federal Tax I.D. / SSN
- Drivers License

**Additional Information for MOTO / Internet**

- Website Address (on Terminal Input Request)
- Marketing Materials
- Business Financials and Tax Returns (as required)
- Personal Tax Returns (as required)
- Photographs (as required)
- Customer Service Phone Number

**Site Survey**

Merchant Location:

- Retail/Storefront    Office Complex    Residence    Other \_\_\_\_\_

Area Zoned:

- Commercial    Industrial    Residential

Square Footage:

- 0 to 250    251 to 500    501 to 2,000    over 2,000

Premises:

- Owned    Leased

If Leased, Person/Business Leasing Space:

Landlord Telephone Number:

Is Inventory/Merchandise Consistent with Type of Business:

- Yes    No

Are goods and services delivered at the time of sale:

- Yes    No   If No, how many days? \_\_\_\_\_

Merchant location is near which major cross streets or intersection:

Additional Site Comments: \_\_\_\_\_

I hereby verify that: (1) this application has been fully completed by the Merchant applicant; (2) if necessary, I have physically inspected the business premises of the merchant at the address above; and (3) the information stated herein is true and correct to the best of my knowledge and belief.

COI/Representative Name:

COI/Representative Number:

COI/Representative Signature:

Date:

**X**

# Terminal Input Request

Merchant Information			Equipment Information		
Doing Business As (DBA) Name:		Telephone Number: (    )	<b>Terminal Type:</b> Terminal _____ Printer _____ Pin Pad _____ Check Reader _____ Other _____ Supplier _____		
Email Address:					
Website Address:					
Customer Service Phone Number:      (    )					
Merchant Address:					
City:	State:	Zip Code:	<input type="checkbox"/> Pin Pad Exchange \$35.00:		
Trailer Message					
Trailer Message: (28 Characters per line, 4 line maximum.)					
Shipping Information					
Equipment Provided By:					
<input type="checkbox"/> CRI <input type="checkbox"/> AGENT <input type="checkbox"/> Other _____					
Ship To:					
<input type="checkbox"/> Sales Office <input type="checkbox"/> Merchant Location <input type="checkbox"/> Other					
Shipping Address:			Telephone Number: (    )		
City:	State:	Zip Code:	<b>Application:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input type="checkbox"/> Restaurant <input type="checkbox"/> Pre-Authorization <input type="checkbox"/> Restaurant + Tip <input type="checkbox"/> Auto Close <input type="checkbox"/> Fine Dining <input type="checkbox"/> Other _____		
Additional Shipping Instructions					
			<b>Debit:</b> <input type="checkbox"/> Cash Back \$ _____		
<b>Merchant Training:</b> <input type="checkbox"/> Agent to Train <input type="checkbox"/> CRI (If this block is checked, Agent is charged \$30.00)					
<b>Dial Out Number:</b> (PABX Code) _____					
Special Pricing			Credit Card Information		
<input type="checkbox"/> Bundled _____  <input type="checkbox"/> Other _____  _____  _____  _____			American Express SE Number:		
Special pricing must be approved by a Card One Officer. COI Officer Signature _____			Discover SE Number:		
			Diners/CB SE Number:		
			JCB SE Number:		
			Check Authorization SE Number:		
			Check Conversion SE Number:		