

## REQUEST FOR APPLICATION FORM

Please complete ALL fields and email to support@binglepay.com

### • Business Information

Legal Name _____				DBA _____		Number of Employees _____	
Physical Business Address (No PO Box) _____		City _____	State _____	Zip _____	Business Phone _____	Fax _____	Website URL _____
Same Shipping/Mailing Address? _____							
Shipping/Mailing Address (No PO Box) _____		City _____	State _____	Zip _____	Tax ID Number _____	Business Start Date _____	Products/Services Sold _____
Authorized Business Representative _____		Email Address _____		Ownership (Select One) Business Location (Select One)			

### • Credit Card Data

Card Present (Swiped) _____	Card Not Present (Keyed) _____
Annual Credit Card Sales _____	Average Ticket _____ Highest Ticket _____

Time from transaction to delivery of product/service (days)

0-7 \_\_\_\_\_ 8-14 \_\_\_\_\_ 15-30 \_\_\_\_\_ 30+ \_\_\_\_\_

Requested Entitlements

PIN Debit \_\_\_\_\_ American Express \_\_\_\_\_

Existing AMEX # \_\_\_\_\_

### • Signor Information

Signor (Owner/Officer) _____		Title _____	Ownership _____	Home Phone _____	Cell Phone _____	Email Address _____
Home Address _____		City _____	State _____	Zip _____		
Social Security Number _____	Date of Birth _____	Driver's License Number _____	State _____	Expiration Date _____	(Attach Copy of Driver's License)	

### • Checking Account Information

Bank Name _____		Local Branch Address _____		City _____	State _____	Zip _____	Branch Contact _____	Branch Phone _____
(Attach Voided Check)								
Routing Number _____		Account Number _____						

### • Equipment

Equipment Type _____	Make/Model/Software _____	Number of Lanes _____
DataCap Version _____		

### • Notes