

FIID#: TERMINAL ID#: DENOMINATION: EQUIPMENT: SURCHARGE:
 \$10'S \$20'S BOTH

CORPORATE/LEGAL BUSINESS NAME INFORMATION

LEGAL BUSINESS NAME: PHONE #: FAX #:

MAILING ADDRESS:

CITY: STATE: ZIP:

FEDERAL TAX ID#: STATE TAX ID #: TYPE OF BUSINESS: YEARS IN BUSINESS:

OWNER/PRESIDENT: PHONE #: S.S.#: D.O.B.:

RESIDENT ADDRESS:

CITY: STATE: ZIP:

LOCATION INFORMATION

LOCATION DBA NAME: PHONE #: FAX #:

LOCATION ADDRESS:

CITY: STATE: ZIP:

MANAGERS NAME: EXTERIOR SIGNAGE ALLOWED? YES NO

CLEARING ACCOUNT INFORMATION

CLEARING ACCOUNT INSTITUTION: PHONE #: CONTACT:

ADDRESS:

CITY: STATE: ZIP:

ROUTING TRANSIT #: ACCOUNT #:

SIGNATURE

MEMBER MERCHANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE & CORRECT & AUTHORIZES AMERICAONE & THEIR AFFILIATES TO VERIFY THE SAME, INCLUDING OBTAINING CONSUMER CREDIT REPORTS ON THE ABOVE INDIVIDUALS.

SIGNED BY OFFICER: TITLE: DATE:

X

DISTRIBUTOR SECTION ONLY

DISTRIBUTOR NAME/REPRESENTATIVE: PHONE #: FAX #:



Customer Profile

**ATTACH VOIDED CHECK FROM THE ABOVE ACCOUNT
IT MUST BE A PREPRINTED CHECK
ABSOLUTELY NO PHOTOCOPIES**