



- NEW ACCOUNT
 ADDITIONAL LOCATION - Existing MID #: _____

MERCHANT APPLICATION AND AGREEMENT

BUSINESS INFORMATION

BUSINESS CORPORATE NAME		BUSINESS DBA	
LOCATION ADDRESS		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
PHONE #	FAX #	WEBSITE ADDRESS	
EMAIL ADDRESS		COMPANY STRUCTURE <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
PRODUCT SOLD			

TAX ID	BANK ACCOUNT #	<input type="checkbox"/> TERMINAL <input type="checkbox"/> GATEWAY	Average Ticket \$
BUSINESS START DATE	BANK ACCOUNT ROUTING #	Swipe _____ %	High Ticket \$
		Keyed _____ %	Volume \$
		e-Commerce _____ %	

SIGNER INFORMATION

SIGNER NAME		SOCIAL SECURITY NO	DATE OF BIRTH	
SIGNER HOME ADDRESS		CITY	STATE	ZIP
SIGNER HOME PHONE	CELL PHONE	EMAIL ADDRESS		

MERCHANT ACCEPTANCE AND AGREEMENT

CREDIT CARD CONSENT: BY SIGNING BELOW, THE UNDERSIGNED REPRESENT THAT I HAVE READ AND AM AUTHORIZED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE BUSINESS IDENTIFIED ABOVE AND ALL INFORMATION I HAVE PROVIDED HEREIN IS TRUE, COMPLETE, AND ACCURATE. I AUTHORIZE AMERICARD PAYMENT PROCESSING TO COLLECT, STORE AND DISCLOSE THE INFORMATION IN THIS APPLICATION AND INFORMATION ABOUT ME PERSONALLY, INCLUDING BY REQUESTING REPORTS FROM CONSUMER REPORTING AGENCIES IN ORDER TO ASSESS THIS APPLICATION AND ITS ONGOING RELATIONSHIP WITH MY BUSINESS.

IMPRINTER: I UNDERSTAND THAT AS PER THE CARD ASSOCIATION REGULATION, IF I ACCEPT CREDIT CARDS IN A 'CARD PRESENT' ENVIRONMENT, I AM REQUIRED TO HAVE MANUAL IMPRINTER FOR INSTANCES WHERE A CARD WILL NOT SWIPE AND THE CARD DETAILS HAVE TO BE KEYED IN, I AM ALSO AWARE THAT I CAN OBTAIN AN IMPRINTER FROM AMERICARD PAYMENT PROCESSING AND IT IS MY RESPONSIBILITY TO REQUEST ONE IF NEEDED.

ACH CONSENT: BY SIGNING BELOW, I AUTHORIZE AMERICARD PAYMENT PROCESSING TO DEBIT VIA ACH THE DESIGNATED ACCOUNT, AS SPECIFIED ELSEWHERE IN THIS APPLICATION, OR ANY OTHER ACCOUNT MY BUSINESS OR I HAVE AT THE BANK SPECIFIED ELSEWHERE IN THIS APPLICATION OR AT ANY OTHER FINANCIAL INSTITUTION FOR ANY AMOUNT I OWE AMERICARD PAYMENT PROCESSING UNDER THIS AGREEMENT OR UNDER ANY OTHER CONTRACT, NOTE, GUARANTY, INSTRUMENT, OR DEALING OF ANY KIND NOW EXISTING OR LATER ENTERED INTO BETWEEN MY BUSINESS OR MYSELF AND AMERICARD PAYMENT PROCESSING, WHETHER SUCH OBLIGATION IS DIRECT, INDIRECT, PRIMARY, SECONDARY, FIXED, CONTINGENT, JOINT OR SEVERAL. IN THE EVENT AMERICARD PAYMENT PROCESSING SERVICES FOR THE AMOUNT OWED, I WILL IMMEDIATELY PAY AMERICARD PAYMENT PROCESSING SUCH AMOUNT.

Signature: _____

Date: _____

Print Name: _____

Title: _____

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Email: info@americardpayment.org 1-888-877-VISA