



# PRE-APPLICATION

## FOR MERCURY PAYMENT SYSTEMS CREDIT CARD PROCESSING SERVICES

(Information for application purposes only & is not a guarantee of acceptance)

Please Note: The personal information you supply will be used *only for the purpose of qualifying you for a merchant account by Mercury Payment Systems*. This information is held in strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name: _____	Legal Business Name: _____
Street Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact Name at DBA: _____	Contact Name at Legal: _____
E-Mail: _____	E-Mail: _____

Mailing/Billing Address:  
 Use DBA     Use Legal     Other \_\_\_\_\_

Primary Owner/Officer Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Years at this address: \_\_\_\_\_ Own or Rent your home : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Type:  
 Sole Proprietor     Partnership     Corporation     LLC     Association/ Estate/Trust     Tax Exempt Organization

Product or Service Sold: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Card Present (swipe): 95 % (% of customers presenting their cards)  
 Card Keyed (non-swipe): 5 % (% of customers calling in or the card does not swipe, and must be keyed)

DBA Annual Visa/MC Sales: \$ \_\_\_\_\_ Average Ticket: \$ \_\_\_\_\_  
 Total number of merchant locations (not necessarily # enrolled at this time): \_\_\_\_\_  
 Total annual Visa/MC sales for all locations: \$ \_\_\_\_\_

How many years have you owned this business? 23 Hours of Operation: \_\_\_\_\_

Application for the following card services:  
 Visa/MasterCard     JCB  
 Discover     EBT  
 Diners Club     Debit (w/Pinpad)  
 American Express

**IF YOU HAVE EXISTING AMEX or DISCOVER MERCHANT NUMBERS, PLEASE LIST THEM BELOW:**

Discover Merchant #: \_\_\_\_\_ (At this location only)  
 American Express Merchant #: \_\_\_\_\_ (At this location only)



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1. Dealer Business Name and Address:

Itex of Magic VALley Inc.

2. Dealer Contact & Telephone Number:

208/733-5666

3. POS System/Type of Connection:

4. Should we return the application to the merchant or dealer for signatures?

Copy Dealer

5. What email or fax number would you like us to send your application to?

itexofmv@cableone.net

PLEASE RETURN THIS PRE-APPLICATION BY MAIL OR FAX TO:  
**Mercury Payment Systems (mailing address below)**

FAX: 970-385-3436



Please Attach a Voided  
Pre-Printed Business Check Here