

Rep: _____



Pre-Application Business Survey

888-792-0284
www.gotruepay.com

Business Information

DBA Name: _____
DBA Address: _____
DBA Phone #: _____ Business Email Address: _____
Legal Name: _____
Legal Address: _____
Business Type: Sole Prop LLC Corp. 501C Other: _____ Products/Services Sold: _____
Business Start Date: _____ EIN: _____ Send Mail To: DBA Address Legal Address

Owner

First Name: _____ Last Name: _____ % Ownership: _____
Full Home Address: _____
Alt. Phone #: _____ DOB: _____ SSN: _____

Business Profile

Monthly Credit Card Sales Volume: _____ Avg. Trans.: _____ High Trans.: _____
% Card Present Swiped: _____ % Card Present Not Swiped: _____ % MOTO: _____ % Internet: _____
Seasonal: YES NO Months: _____ Connect Type: IP Wi-Fi GPRS

Program and Equipment

Program Type: DP ZM Program Mo. Fee: _____ DP%: _____
Terminal/POS Type: _____ Qty: _____
EBT (\$.12/trans.): YES NO FNS#: _____
Auto Batch: YES NO Time: _____ Time Zone: _____
NDF: YES NO
Tip: Tip Prompt Tip Line on Receipt
Server ID: YES NO
*\$99.00 Annual Fee (charged 45 days after account approval) *\$1.95 IRS Annual Fee
NOTES: _____ Date: _____