

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: \_\_\_\_\_