

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 1

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

Owner 2

First Name: _____ Last Name: _____ % Ownership: _____
Full Home Address: _____ Owner 2 Email: _____
Alt. Phone #: _____ DOB: _____ SSN: _____

Business Profile

Monthly Credit Card Sales Volume: _____ Avg. Trans.: _____ High Trans.: _____
% Card Present: _____ % MOTO: _____ % Internet: _____
Seasonal: ☐YES ☐NO Months: _____ Website: _____

Program and Equipment

Program Type: ☐Dual Pricing %: _____
☐Traditional Pricing Monthly Fee: _____
Terminal: _____ Qty: _____
EBT (\$.12/trans.): ☐YES ☐NO FNS#: _____
Auto Batch: ☐YES ☐NO Time: _____ Time Zone: _____
Tip: ☐Tip Prompt ☐Tip on Receipt ☐No Tip Connect Type: ☐Ethernet ☐Wi-Fi ☐SIM Card
Server ID: ☐YES ☐NO
*\$99.00 Annual Fee *\$1.95 IRS Annual Fee

NOTES: _____ Date: _____