

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
Source of Contact: _____

Owner 1

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

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: _____