

Rep: _____



888-792-0284

www.gotruepay.com

Pre-Application Business Survey

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

Ship Equipment to: DBA Address Merchant Home Address Sales Rep Address

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: _____