

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

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

Program Type: ☐Cash Discount

☐Dual Pricing %: _____

☐Traditional Pricing Monthly Fee: _____

Terminal/POS: _____ Qty: _____

☐TruePay Program

*Collect Menu and Send to Applications

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 (\$20/each)

Server ID: ☐YES ☐NO

*\$99.00 Annual Fee *\$1.95 IRS Annual Fee

NOTES: _____ Date: _____