

# MERCHANT APPLICATION AND AGREEMENT PRINCIPAL ADDENDUM

**Merchant Account Number:** \_\_\_\_\_

The checked portion(s) of this form indicate the information that is required. Please complete the *checked* portion(s), sign and date the form and return it to our Merchant Support/DBA Department as indicated below. This form shall be incorporated into your previously submitted Merchant Application and Agreement.

MERCHANT INFORMATION				
<input type="checkbox"/> <b>Complete the Legal Name of Business and DBA sections</b>				
Legal Name of Business			DBA (doing business as) (only 22 characters including spaces)	
<input type="checkbox"/> <b>Please review the fields below and update if necessary</b>				
Street Address (Physical address—no P.O. Boxes)			City	State ZIP
Mailing Address (If different from Street Address)			City	State ZIP
Business Telephone ( ) -	Business Fax Telephone ( -	Merchant Customer Service Telephone ( ) -	Tax ID No. (Required—9 digits)	Age of Business Yrs. Mos.
Merchant E-Mail		Merchant Customer Service E-Mail		
ISP/CSP E-Mail		Merchant URL		
List Type of Business/Products/Services Sold and How (Be specific)				Authorized Business Rep

OWNERSHIP				
<input type="checkbox"/> <b>Complete to delete the following Principals</b>				
Principal's Name			Signature:	
Principal's Name			Signature:	
<input type="checkbox"/> <b>Complete to add/update the following Principals</b>				
<b>51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application</b>				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> Government (Federal/state/local) <input type="checkbox"/> Medical or Legal Corporation <input type="checkbox"/> International Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Associations/Estates and Trusts <input type="checkbox"/> Tax-Exempt Organization (501C)				
Principal's Name		Ownership %	Title	Home Telephone ( ) -
Date of Birth (mm/dd/yy) (Required) / /	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)
Street Address (Physical address—no P.O. Boxes)			City	State ZIP
Second Principal's Name		Ownership %	Title	Home Telephone ( ) -
Date of Birth (mm/dd/yy) (Required) / /	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)
Street Address (Physical address—no P.O. Boxes)			City	State ZIP

As supporting documentation supporting the change(s) requested we have **attached** copies of the following official documents (please check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Partnership Agreement/Dissolution of Partnership | <input type="checkbox"/> Amended Articles of Incorporation or Organization | <input type="checkbox"/> Official Roster of Corporate Officers with signatures of all Officers |
| <input type="checkbox"/> Letter of resignation                            | <input type="checkbox"/> Official Meeting Minutes showing change           | <input type="checkbox"/> Corporate Board Resolution  |

Each of the undersigned authorize Bank/Processor to use credit bureau/reporting agencies and/or their own agents to verify the accuracy of all information provided herein and to assess and monitor each of the undersigned's credit status. Each of the undersigned authorizes all such credit bureau/reporting agencies to release any information they may have pertaining to him/her to Bank/Processor.

\_\_\_\_\_  
Print Name of Principal or Corporate Officer

\_\_\_\_\_  
Signature (Title)      Date

\_\_\_\_\_  
Print Name of Principal or Corporate Officer

\_\_\_\_\_  
Signature (Title)      Date

