



5858 E Molloy Rd., Suite 151  
 Syracuse, NY 13211  
 (315) 414-0107 x103  
 Fax: (315) 935-2022  
 nspencer@cocardanderson.com

Confidential  
 Merchant  
 Information  
 Sheet

Board On:

TSYS  First Data

WorldPay  Clearent

Quote:  
 INT + \_\_\_\_\_ BPS + \$0. \_\_\_\_\_ /Trans  
 Statement \$ \_\_\_\_\_  
 Gateway \$ \_\_\_\_\_ /mo + \$0. \_\_\_\_\_ /Trans  
 Flat Rate \_\_\_\_\_ %  
 Cash Discount \_\_\_\_\_ %

How were you referred to CoCardAnderson? \_\_\_\_\_

**Business Info:**

DBA Name _____	Legal Name _____
Physical Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
DBA Phone # _____	Legal Phone # _____
DBA Fax _____	Legal Fax _____
Email _____	Website _____
Federal Tax ID # _____	Business Start Date (MM/DD/YYYY) _____

**Owner/Office Personal Information (Patriot Act)**

**If more than one owner, please provide other owners on a separate page - Required for anyone with 25% or more ownership.**

Name _____	Social Security Number _____
Home Address _____	Date of Birth _____
City, State, Zip _____	Driver's License Number _____
Home Phone _____ Cell Phone _____	Issue Date _____ Expiration Date _____
Percentage Owned _____ Title _____	State Issued _____

**Addition Business Info/Site Info:**

Processing Volumes (Est. if Unknown/Round Up): Avg Ticket \_\_\_\_\_ High Ticket \_\_\_\_\_ Monthly Avg \_\_\_\_\_  
 Business Type (i.e. Sole Prop, LLC, Corporation, Non-Profit, Govt Entity, Partnership, etc.) \_\_\_\_\_  
 Do you own or lease your property \_\_\_\_\_ Square Footage (0-250, 251-500, 501-200, 2000+) \_\_\_\_\_  
 Zone (Business District, Industrial, Residential) \_\_\_\_\_  
 Location Type (Mall, Office, Home, Shopping Area, Apartment, Flea Market, Isolated, Door-to-door, Other) \_\_\_\_\_  
 How Many Employees \_\_\_\_\_ How Many Registers or Terminals \_\_\_\_\_  
 Is proper license available? \_\_\_\_\_ If no, explain: \_\_\_\_\_  
 Merchant Name Displayed on Site (If yes, window, door or store front – List all) \_\_\_\_\_  
 Merchant Occupies (Ground Floor or Other) \_\_\_\_\_ How many floors or levels? (1, 2-4, 5-1, 11+) \_\_\_\_\_  
 Remaining Floor(s) Occupied by Residential, Commercial, Combo, None \_\_\_\_\_  
 Return/Refund Policy, if yes, explain: \_\_\_\_\_  
 Are customers required to leave a deposit? \_\_\_\_\_ Any automatic renewals/reoccurring transactions to customer \_\_\_\_\_  
 Time of transaction to delivery: 0-7 days \_\_\_\_\_ % + 8-14 days \_\_\_\_\_ % + 15-30 days \_\_\_\_\_ % + over 30 days \_\_\_\_\_ % = 100%  
 When is payment made: Date of order/sale \_\_\_\_\_ Date of Delivery \_\_\_\_\_ Other \_\_\_\_\_  
 For credits, within how many days do you submit transactions (0-3, 4-7, 8-14 or 15+) \_\_\_\_\_  
 Current/Previous Processor: \_\_\_\_\_ Reason for Leaving (Rate, Service, Terminated, Other) \_\_\_\_\_  
 Advertising Methods (List all – catalog, brochure, direct mail, tv/radio, internet, phone, newspaper/journals, other – please provide copies of one) \_\_\_\_\_  
 Are you PCI Compliant? \_\_\_\_\_ If yes, please provide a copy of your certificate, & we can try to apply it to the new account.

**Equipment – Please list IP or Dial Connection:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Seasonal: Y \_\_\_\_\_ N \_\_\_\_\_

Months Closed \_\_\_\_\_

**\*\*REQUIREMENTS: Please include copies of a Voided Check or Bank Letter (Bank letter must be on bank letterhead, be signed by an officer of the bank, include DBA or Legal business name, routing # & account #) and Proof of Business (Business License, Business Tax Returns, Certificate of Authority, Certificate of Incorporation, Articles of Incorporation or 2 Years**

**\*Non-Profit – SSN is required per the Patriot Act along with the rest of the owner/officer section, but a credit check will not be performed. A copy of your 501C3 is also required along with the documents listed above.**