

Checklist and Site Survey Sheet

Checklist

Merchant Name _____

Retail Business

- Signatures
- Voided Business Check (Bank letter needed if not imprinted)
- Business License, Corporate Certificate & Articles of Incorporation or Articles of Organization
- Previous Processing Statements (last 3 months)
- Federal Tax I.D. / SSN
- Drivers License

Additional Information for MOTO / Internet

- Website Address (on Terminal Input Request)
- Marketing Materials
- Business Financials and Tax Returns (as required)
- Personal Tax Returns (as required)
- Photographs (as required)
- Customer Service Phone Number

Site Survey

Merchant Location:

- Retail/Storefront Office Complex Residence Other _____

Area Zoned:

- Commercial Industrial Residential

Square Footage:

- 0 to 250 251 to 500 501 to 2,000 over 2,000

Premises:

- Owned Leased

If Leased, Person/Business Leasing Space:

Landlord Telephone Number:

Is Inventory/Merchandise Consistent with Type of Business:

- Yes No

Are goods and services delivered at the time of sale:

- Yes No If No, how many days? _____

Merchant location is near which major cross streets or intersection:

Additional Site Comments: _____

I hereby verify that: (1) this application has been fully completed by the Merchant applicant; (2) if necessary, I have physically inspected the business premises of the merchant at the address above; and (3) the information stated herein is true and correct to the best of my knowledge and belief.

COI/Representative Name:

COI/Representative Number:

COI/Representative Signature:

Date:

X



Terminal Input Request

Merchant Information Equipment Information

Doing Business As (DBA) Name:		Telephone Number: ()
Email Address:		
Website Address:		
Customer Service Phone Number: ()		
Merchant Address:		
City:	State:	Zip Code:

Terminal Type:

Terminal _____

Printer _____

Pin Pad _____

Check Reader _____

Other _____

Supplier _____

Pin Pad Exchange \$35.00:

Trailer Message

Trailer Message: (28 Characters per line, 4 line maximum.)

Application:

Retail Lodging

Restaurant Pre-Authorization

Restaurant + Tip Auto Close

Fine Dining Other _____

Shipping Information

Equipment Provided By:

CRI AGENT Other _____

Ship To:

Sales Office Merchant Location Other

Shipping Address:		Telephone Number: ()
City:	State:	Zip Code:

Additional Shipping Instructions

Debit:

Cash Back \$ _____

Merchant Training:

Agent to Train

CRI (If this block is checked, Agent is charged \$30.00)

Dial Out Number:

(PABX Code) _____

Special Pricing

Bundled _____

Other _____

Special pricing must be approved by a Card One Officer.

COI Officer Signature _____

Credit Card Information

American Express SE Number: _____

Discover SE Number: _____

Diners/CB SE Number: _____

JCB SE Number: _____

Check Authorization SE Number: _____

Check Conversion SE Number: _____