



Confidential Merchant Information Request
Office (866) 649-4105/ Fax (561) 429-8438 / Mobile (203) 676-9234
Website: www.automatedmerchantservices.com Email: kevinpiccolo@msn.com

Business Legal Name _____
DBA Name: _____
Business Address: _____
City, ST, Zip: _____, _____, _____
Business Phone/ Fax#: _____, _____

Ownership Type: Sole Ownership Partnership Corporation
 Limited Liability Corp Non – Profit (501C)
Month/Year Started ____ / ____ **Federal Tax ID #** _____

Business Checking Information :

Bank Name _____
City, ST, Phone _____, _____, _____
Business Checking Account # _____
Bank Routing Number _____

(Please Provide Copy of a voided Pre-Printed Business check for accurate funding to your account)

Ownership Information:

Owner/Officer Name: _____ **Birth Date** _____
Home Address _____
City _____, **State** _____, **Zip** _____
Social Security # _____, **Home Phone** _____

Additional Owner Information: (If above has less than 50% ownership)

Owner/Officer Name: _____ **Birth Date** _____
Home Address _____
City _____, **State** _____, **Zip** _____
Social Security # _____, **Home Phone** _____

Current American Express # _____
Current Equipment – Make _____, **Model** _____
Accepting Pin Debit - Yes No **Pin Pad Type** _____

