

BSM Payment Services Pre-App

PLEASE READ: Complete and FAX this form with your voided check to 325-673-0527

Company Name: _____
DBA: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email : _____
Federal ID#: _____ Time Zone: _____
Form of Ownership: __ Corporation __ LLC __ Partnership __ Sole-Proprietorship
__ Other (*please specify*) _____
Percent of business conducted in these environments:
Storefront _____% · Internet _____% · Mail/Telephone Order _____%
Please describe your business: _____

Owner/Officer: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Social Security Number: _____ - _____ - _____
Owner/Officer: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Social Security Number: _____ - _____ - _____

Cards you accept: Visa MasterCard Amex Discover Diners Other: _____
(Circle all that apply)
Did you attach a voided check?

Thank you for choosing us. A representative will contact you to complete the application process.

--- OFFICE USE ONLY ---
Account Rep: _____ New - Conversion MR Program Y N
Account #: _____ Paid: \$ _____ Date in MS: ____/____/____ Pin Based Debit? Y N

**** Please attach a voided check for the account you wish to direct deposits ****