



NPC

Payment Services Pre-App

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

Company Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

Email : _____ Website: www. _____

Federal ID#: _____ Time Zone: _____

Form of Ownership: Corporation LLC Partnership Sole-Proprietorship
 Other (please specify) _____

Percent of business conducted in: Storefront _____% · Internet _____% · Mail/Telephone Order _____%

Percent of business in: Sales to Consumers _____% · Sales to Other Businesses _____%

Date Business Opened: _____

Owner/Officer: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Social Security Number: _____ - _____ - _____ DOB: _____ Date of Ownership: _____

Cards you accept: Visa MasterCard Amex Discover Other: _____
(Circle all that apply)

Average VS/MC Ticket: \$ _____ Occasional High VS/MC Ticket: \$ _____

Total Annual VS/MC Sales: \$ _____

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 ****