



**Merchant Services - Quick Form**

WASHGEAR LLC

*Please fill out the following information and fax or email to the number or address at the bottom of page two: Please send a copy of a voided check from the account were you would like deposits made to, send a copy of a utility bill or business license showing the location address and name along with the quick form.*

DBA \_\_\_\_\_

LEGAL NAME \_\_\_\_\_ STATE WHERE LEGAL ENTITY FORMED \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CUSTOMER SERVICE NUMBER \_\_\_\_\_ ALT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PRODUCT OR SERVICE: \_\_\_\_\_

RETAIL STOREFRONT \_\_\_\_\_ HOME BASED \_\_\_\_\_ OFFICE SUITE \_\_\_\_\_ INTERNET \_\_\_\_\_ OTHER \_\_\_\_\_

BUSINESS TYPE: CORP \_\_\_\_\_ SOLE OWNER \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ NON-PROFT CORP \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_ YEAR BUS ESTB \_\_\_\_\_

REFUND POLICY: NO REFUND \_\_\_\_\_ 30 DAY REFUND \_\_\_\_\_ MDSE EXCHANGE ONLY \_\_\_\_\_ OTHER \_\_\_\_\_

1<sup>st</sup> PRINCIPAL'S NAME \_\_\_\_\_ PERCENT OF OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

2<sup>nd</sup> PRINCIPAL'S NAME \_\_\_\_\_ PERCENT OF OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

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BUSINESS BANK \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNT TYPE \_\_\_\_\_ LENGTH OF RELATIONSHIP \_\_\_\_\_ CONTACT \_\_\_\_\_

IS YOUR BUSINESS SEASONAL? YES NO IF YES, WHICH MONTHS? \_\_\_\_\_

HAVE YOU EVER ACCEPTED CREDIT CARDS BEFORE? YES NO \_\_\_\_\_

NAME OF PREVIOUS PROCESSOR \_\_\_\_\_

MONTHLY VISA/MASTERCARD VOLUME: \_\_\_\_\_ AVERAGE SALE: \_\_\_\_\_

PROJECTED MONTHLY CASH SALES \_\_\_\_\_ PROJECTED MONTHLY CHECK SALES \_\_\_\_\_

OCCASIONAL HIGHER TICKET AMOUNT \_\_\_\_\_ TOTAL MONTHLY SALES \_\_\_\_\_

I WOULD LIKE TO ACCEPT AMERICAN EXPRESS DISCOVER \_\_\_\_\_

*IF YOU CURRENTLY ACCEPT AMERICAN EXPRESS OR DISCOVER, PLEASE LIST ACCT NUMBERS:*

CURRENT AMERICAN EXPRESS ACCOUNT NUMBER \_\_\_\_\_

CURRENT DISCOVER CARD ACCOUNT NUMBER \_\_\_\_\_

Name of Distributor Providing WashGear Equipment: \_\_\_\_\_

DO YOU CURRENTLY OWN ANY CREDIT CARD PROCESSING EQUIPMENT? YES NO \_\_\_\_\_

IF YES, INDICATE NAME AND MODEL TYPE:

TERMINAL \_\_\_\_\_ PRINTER \_\_\_\_\_ PIN PAD \_\_\_\_\_

I WILL REQUIRE NEW EQUIPEMT PURCHASE? LEASE? \_\_\_\_\_

ADDITIONAL NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Ron Chow*  
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*Phone Number: (661) 678-4710* *Fax Number: (415) 796-5604*

*Please call with any questions you may have. Upon receipt of this quick form, we will call you to confirm your information. Thank you for contacting Bank of America.*