

INFORMATION REQUIRED IN ORDER TO COMPLETE THE FIRST AMERICAN MERCHANT APPLICATION

1. What is the exact legal name of the business?
2. Will there be a different DBA name (What name will you want for donors to see on their credit card statement)?
3. What is the mailing/billing address?
4. What is the physical address (if different)?
5. What is the corporate phone number?
6. What is the corporate email address (the address featured on your website, i.e. info@mychurch.com)?
7. What is the company website address, if applicable?
8. What type of ownership (i.e. sole proprietorship, partnership, LLC, etc...)?
9. What is your Federal Tax ID number?
10. Have you previously accepted Visa or MasterCard?
11. If you have previously accepted, who was your most recent processor?
12. Has your business ever been terminated as a Visa or MasterCard processor?
13. Has your business ever filed for bankruptcy?
14. How many years have you operated the business?
15. How many locations do you operate?
16. What are your days and hours of operation?
17. What will be your approximate average single ticket (typical gift)?
18. What do you envision being your high single ticket (largest foreseeable gift)?
19. What do you anticipate your average monthly dollar volume to be?
20. What do you anticipate your high monthly dollar volume to be?
21. What do you anticipate your annual dollar volume to be?
22. Please provide the name of your bank **and** provide a contact person and their phone number.
23. When was this bank account opened?
24. Please provide a copy of a voided business check.
25. Must provide the following information on the person authorized to sign the merchant application (name, title, DOB, SSN#, phone #, and residence address).
26. Provide two trade suppliers and a contact person and telephone number for each.
27. Tell us what these two trade suppliers provide you.
28. Do you lease or own your place of business?
29. If you lease, please provide the name and telephone number for the landlord.
30. Do you wish to accept AMEX?
31. If you currently accept AMEX, please provide your account number.
32. How many kiosks have you ordered?

Once complete please return via email (chuck@faps-kcg.com) or fax (866.320.1517).