MERCHANT PROCESSING APPLICATION

NorthAmerican BANCARD

☐ New Account ☐ Additional Location ☐ Change of Ownership

Sales Rep: _____ Sales Rep Phone: _____ Sales Rep Email: _____

Sales Rep Fax: _____ Merchant ID (MID): _____ MCC Code: _____

BUSINESS INFORMATION:

DBA (Doing Business As) Name:		Business/Corporate Name: (as shown on your Income Tax Return)	
Location Address:		City:	State: / Zip:
Statement Mailing Address:		City:	State: / Zip:
Business Phone Number:		Business Fax Number:	
Email:		Website:	
Bank Name:	Name on Bank Account:	Checking Account #:	Bank Routing #:
Federal Tax ID: ☐☐☐☐☐☐☐☐☐	TIN Type: EIN SSN	Contact Name:	
Type of Merchant: Sole Proprietor Partnership LLC Corporation Non-Profit Other _____			Statement Option Type: Electronic Paper
Business Processing Category: Retail Restaurant MOTO Internet Other _____			
Merchandise/Services Sold:			Years in Business:
Currently accept Visa/MasterCard/Discover/AXP? Yes No	Seasonal Merchant: Yes No If yes, indicate active months: J F M A M J J A S O N D		
Percent of Business: *(must equal 100%)* Card Swipe: _____% Manually Keyed: _____% Phone/Mail Order: _____% Internet: _____% **Total: 100%**			
Avg Ticket:	High Ticket:	Avg Monthly Volume:	High Monthly Volume:
Transaction Descriptor to Appear on Cardholder's Statement: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			Customer Service Phone Number to Appear on Cardholder's Statement:

OWNERS AND OFFICERS: (Principals noted below must be majority owners of 51% or greater)

Name:	Title:	Applicant's SS#:	Date of Birth:	Equity Ownership:
Residence Address:	City, State, Zip:		Phone Number:	
Name:	Title:	Applicant's SS#:	Date of Birth:	Equity Ownership:
Residence Address:	City, State, Zip:		Phone Number:	

SERVICES REQUESTED:

American Express Volume > $1,000,000 Yes* No *Account#: ☐☐☐☐☐☐☐☐☐☐	☐ Discover Retained SE#: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
EBT: ☐ Cash Benefi s ☐ Food Stamp (SNAP)* *☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ PIN DEBIT (ex. STAR, NYCE, INTERLINK, PULSE, MAESTRO)

Accepting all MasterCard, Visa, Discover Network, and American Express transactions (presumed unless any selections below are checked)

MasterCard	Visa	*Discover Network	*American Express
☐ Credit Transactions Only	☐ Credit Transactions Only	☐ Credit Transactions Only	☐ Credit and Prepaid Card Transactions
☐ Non-PIN Debit Trans	☐ Only Non-PIN Debit Trans	☐ Only Non-PIN Debit Trans	

*Discover full-acquired unless ineligible for program (e.g. Discover retained merchants provide your Discover SE# above)
*AXP full-acquired unless ineligible for program (e.g. merchants over $1MM annual AXP volume, prohibited or do-not-sign merchants) provide your AXP-direct account SE# above.

All questions regarding this application should be directed to:
North American Bancard, LLC
250 Stephenson HWY
Troy, MI 48083
248-269-6000

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Initials _____