

# MAGNIFY PAYMENTS

Tell Us About Your Business							
Legal Name:							
DBA Name:							
Physical address:							
City:			State:		ZIP Code:		
Business Phone:				Business Fax:			
Business Email Address:				URL:			
Business Contact:							
Products/Services Sold:							
Additional Business Information							
State Incorporated:				Month & Year Started:			
Ownership Type:	Sole Prop	Partnership	Non-Profit	Public Corp	Private Corp	LLC	Gov't
Federal Tax ID #:				Number of Employees:			
Avg Monthly Sales Volume: \$		Avg Ticket: \$		Highest Ticket Amout: \$		Equipment/E-Comm Platform:	
Estimate the percentage of sales initiated via the following methods. (must equal 100%):							
Swiped:		Keyed:		Mail Order:		Internet:	
Owner Information (Required)							
Owner #1 Full Legal Name:							
Date of birth:			Social Security Number:			Ownership %:	
Current address:				Owner Email:			
City:			State:		ZIP Code:		
Home/Cell Phone #:				Title:			
Owner #2 Full Legal Name:							
Date of birth:			Social Security Number:			Ownership %:	
Current address:				Owner Email:			
City:			State:		ZIP Code:		
Home/Cell Phone #:				Title:			
Banking Info							
Name of Bank:							
Bank Phone #:							
Routing # (ABA) 9 Digits:				Account # (DDA):			

Once completed, Please save and email PDF to: [submissions@magnifypayments.com](mailto:submissions@magnifypayments.com)

\*\*\*Handwritten pre-apps will not be accepted\*\*\*