

## Merchant Info Sheet

Legal Name of Business:		
DBA Name (if different from legal):		
Authorized Contact (Auth. Contact is auth		
Authorized Contact Birthday:	**Authorized Contact is not required**	
Business Phone:	Federal Tax ID:	
Email Address (will be used for owner 1 to	e-sign if applicable):	
Business Type (Corporation, LLC, Sole Prop	prietor, Non-Profit, Partnersh	ip):
Years in Business:Length of ownership: Merchandise/Service Sold:		
Monthly CC Volume (estimated):H	Highest Ticket (estimated):	Average Ticket (estimated):
Owner 1 Name:	% Ownership:	Owner 1 Birthday:
Owner 1 Social Security #:	Owner 1 Phone #:	
Owner 1 Driver's License #:	DL State:	_ DL expiration date:
Owner 1 Address:		
Owner 2 Name:		
Owner 2 Social Security #:	Owner #2 Phone :	
Owner 2 Driver's License #:	DL State:	_ DL expiration date:
Owner 2 Address:		
Owner 2 email address (will be used for ov If any other owners have 25% owne	wner 2 to e-sign if applicable)	

Please fill out and email to sales@iwantskytab.com. Please attach an image of a voided check, last 2 credit card statements and drivers license for each owner.