



# MOBILE ARTISANS AND CRAFTERS NATIONAL CO-OP

Organized to Enure Benefits to Its Members

## BANKCARD REGISTRATION FORM

### BUSINESS NAME(S)

d/b/a Name	Legal Business Name
Street Address	Mailing Address (if different)
City/State/Zip	City/State/Zip
Bus Phone	Cell Phone
Fax	Web Site Address
E-Mail	Merchandise/Services Sold
Fed Tax ID#	

### BUSINESS PROFILE

Owner Type:  Sole Prop.  Partnership  Corp  LLC  Non-Profit

Currently accept Visa-MC at this or other business?  YES \*  NO

Previous Business Name: \_\_\_\_\_

\* Merchant must submit one (1) BankCard statement from within the last three (3) months.

Business Formed: Month \_\_\_\_\_ Year \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Prior Bankruptcy:  Y  N

Seasonal  Y  N

*Please submit actual or estimated:*

Credit Card Volume: \_\_\_\_\_ Annual: \_\_\_\_\_

Ticket Size: \_\_\_\_\_ Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

Sales: Face to Face: \_\_\_\_\_ % Phone/Internet: \_\_\_\_\_ % = 100%

### CURRENT CARD PROCESSING INFORMATION

Current/Previous Processor: \_\_\_\_\_ Description of Current Equipment, If Any: \_\_\_\_\_

Phone: \_\_\_\_\_ AMEX:  N/A  Apply  Existing #

Merch #: \_\_\_\_\_ Discover:  N/A  Apply  Existing #

### BANK REFERENCE

Depository Bank	Routing #	Account #
Address	City	St Zip Telephone
Name on Account		

### OWNERS OR OFFICERS

Name	Ownership %	Name	Ownership %
Title		Title	
SS #	Home Tel	SS #	Home Tel
Home Address (no POB)		Home Address (no POB)	
City/State/Zip		City/State/Zip	

Notes, Comments or Questions: