



Please Fill Out All of the Following Information:

1 BUSINESS INFORMATION

Business Name _____
Bus. Address _____
City, State, Zip Code _____
Location Phone # (____) _____
Location Fax # (____) _____
Date Business Started **Month** _____ **Year** _____
Type of Ownership **Corp** _____ **Partnership** _____ **Sole Prop** _____ **LLC** _____

2 OWNER INFORMATION

Name _____
Title _____

3 SWIPE - KEY ENTRY - ECOMMERCE

What percentage of transactions do you swipe? _____
Do you use a credit card terminal? _____
If not, what Software or Internet Gateway do you use? _____

4 EQUIPMENT

Type (Make & Model) _____
Type (Make & Model) _____
PIN Pad (Make & Model) _____

5 TRANSACTION INFORMATION

Gross Yearly Sales Volume \$ _____
Yearly MC & Visa Volume \$ _____
Average Ticket Amount \$ _____
Highest Transaction Amount \$ _____

**PLEASE FAX BACK TO (978) 750-4856
QUESTIONS? Contact Frank Scarbo at (617) 823-8043**