

ENROLLMENT DATA FORM

Complete and fax or email this page to **Fax: 303-482-8173 Email vollara@transfirst.com**
Please be sure to complete ALL of the following fields.

Legal Business Name:

Business Information: Details of physical location where the credit cards will be accepted

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Primary Contact: _____ Tax ID# or SS#: _____

of Years in Business: _____ Type of Ownership: Sole Proprietor Partnership Corporation LLC or LLP

Principal Information: Details of Owner of Business

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SSN: _____

Ownership %: _____

Banking Information: Details of your deposit account

Bank Name: _____ Years with this Bank: _____

Account Number: _____ Routing Number: _____

Bank Contact: _____ Phone Number: _____

Approximate Monthly Credit Card Processing

Check one: \$1500 \$2500 \$5000 \$7500 \$10,000 Other **Average (Transaction) amount:** \$784 Other: _____

PATRIOT ACT INFORMATION

Driver's License #: _____

State: _____

Date of Birth: _____

Issue Date: _____

Expiration Date: _____

Important! Steps to activate your account!

- Once your application is received you will be emailed your merchant account document for you to sign from donotreply@transfirst.com subject: A document from Merchant Services is available for you to sign
- Click on Begin Signing
- Type in your name
- Click on Submit
- Once you submitted your application please allow 48 hours for your account to activate.
- You will receive a email with your account username and password (From Email address: TCWelcome@transfirst.com Subject: Merchant Name _____ (Your Account #)
- You will also receive a call from our training department to answer any questions on running a transaction.

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