



NATIONAL CARD SERVICE VARIABLE RATE APPLICATION

Organized to Enure Benefits to Its Members

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:

Sales: Face to Face: _____ % Phone/Internet: _____ % = 100%

Credit Card Volume: Annual: _____

Ticket Size: Average: _____ Maximum: _____

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

Notes, Comments or Questions: