# MERCHANT APPLICATION FORM

**DBA NAME (under 21 characters):**

**LOCATION ADDRESS (will print on receipts):**

Address including CB #

City, State, Zip

**DBA PHONE NUMBER:**

**DBA FAX NUMBER:**

**For Internal Use only. The contact(s) will be responsible for ticket retrieval requests and settling daily transactions**

**Primary Contact Name:**

**Phone Number:**

**Fax Number:**

**Email Address:**

**Secondary Contact Name:**

**Phone Number:**

**Fax Number:**

**Email Address:**

**Supervisor responsible for PCI DSS Compliance:**

**Phone Number:**

**Fax Number:**

**Email Address:**

**Supervisor Signature:**

**FIS Department/Fund number to charge monthly fees:**

**Estimated Average Sale Dollar Amount:**

**Estimated Average Annual Sales Volume:**

**Please specify whether you are ordering a credit card terminal or Internet Software:**

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**FOR INTERNAL USE ONLY:**

**MCC/Prinicng Code:**

**Director of Accounting Operations Signature:**

**Date:**