



Merchant Account Pre-Application

Return by Email to: accounts@synergiesplussolutions.com

Return by Fax to: 248-365-0240

Please Complete **ALL** Fields and Return by Email or Fax

Business Information

Legal Name of Business: _____

Doing Business As: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____ Title: _____

Email: _____

Website: _____

Tax ID (FEIN) #: _____

Time in Business: _____ years _____ months or New

Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Tax Exempt |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Other (Specify) |

Type of POS System or Credit Card Terminal: _____

Principal Information

Name: _____ Social Security #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ County: _____

How Long at Address: _____ years _____ months

Date of Birth: ____/____/____

Drivers License #: _____ State of Issue: _____

Ownership Percentage: _____%

Please Include the Following:

- Drivers License Copy from Principal / Owner or Business License
- 3 Months Recent Merchant Processing Statements
- Voided Check (Account where you want funds deposited)
- American Express Merchant Account Number _____