



National Merchant Alliance

New Merchant Information Sheet

Please complete and fax back with required documentation (Void Business Check, IRS Form W9, and 3 months recent processing statements). This information will be used to type up the processing application for review and signature.

Fax to: NMA Sales - 913.948.7355
Additional Documentation Faxed:
[ ] Void Business Check
[ ] IRS Form W9
[ ] 3 Months Processing Statements

Doing Business As (DBA) Information
Merchant DBA Name, Date Business Started, Address, Telephone #, City, State, Zip Code, Fax #, Name of Primary Contact, Merchant DBA Email Address, Website, Products Sold or Service Provided

Legal Information (If you are an Individual/Sole Proprietor, fill in this section with your personal information)
Merchant Legal Name, State of Formation, Federal Tax ID/EIN, Business Type and Federal Tax Classification, Exemptions (if any), Exempt payee code, Exemption from FATCA reporting code

Complete this section if different from DBA Information.

Address (No PO Box or Paid Mail Box), Telephone #, City, State, Zip Code, Fax #

Site Survey
Merchant Location (Choose One):
[ ] Retail Location with Store Front [ ] Office Building [ ] Warehouse [ ] Residence [ ] Other - Please Explain:
Do you own or lease? (Choose One):
[ ] Merchant Owns Business Location [ ] Merchant Leases Business Location

Sales & Processing Information
Estimated Annual Visa/MasterCard Sales Volume, Estimated Annual Discover Sales Volume, Estimated Annual American Express Sales Volume, Estimated Annual PIN Debit Sales Volume, Requested Average Ticket Size, Average Monthly Volume, Requested High Ticket Size, High Monthly Volume, Existing Amex Service Establishment Number, Seasonal Sales?

Bankcard Sales Profile - the total makeup of how this account will process transactions (must equal 100%):
Card Present, Swiped: %
Card Present, Keyed: %
Mail/Telephone Order: %
Internet: %

Has this business or any associated principal been terminated as a MasterCard/Visa/Discover/AmEx/PayPal merchant? [ ] Yes [ ] No
Has Merchant or any associated principal filed bankruptcy or been subject to involuntary bankruptcy? [ ] Yes [ ] No

National Merchant Alliance is a registered ISO/MSP of Chase Paymentech Solutions, LLC, and Wells Fargo Bank, N.A., Walnut Creek, CA.

<b>Sales &amp; Processing Information Continued</b>			
<b>Total Business Revenue</b> - The total amount of your company's annual sales and other sources of income (US and foreign combined)		<b>Total Business Assets</b> - The sum of all cash, investments, receivables, etc. owned by the business (US and foreign combined)	
Total Business Revenue	As of Fiscal Year Ending	Total Assets Value	As Of Date
Source of Revenue (select all that apply) <input type="checkbox"/> Sale of goods <input type="checkbox"/> Sale of assets <input type="checkbox"/> Grants/donations <input type="checkbox"/> Sale of services <input type="checkbox"/> Legal settlement <input type="checkbox"/> Other (explain)		Select Primary Country of Assets <input type="checkbox"/> US <input type="checkbox"/> Other Country (name)	

<b>Ownership Information</b>			
<b>If your business is privately owned by one or more individuals ,</b> ➔ Complete sections A and B for the owners with the greatest % of ownership. <b>If your business is a non-profit organization, publicly owned corporation, or government entity,</b> ➔ Complete section C only		<b>If a parent company owns your business,</b> ➔ Enter the name of the legal entity(ies) in section A or A and B ➔ Provide the name of an Authorized Representative in Section C. ➔ Substitute the parent company's Federal Tax ID for the Social Security #.	
<b>A</b> Name of Individual/Sole Proprietor or Parent Company		Title (if Individual)	
Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox)			Date of Birth
City	State	Zip Code	Telephone #
Email Address	Percentage of Ownership	%	Social Security # 
<b>B</b> Name of Individual/Sole Proprietor or Parent Company		Title (if Individual)	
Street Address (Individual/Sole Proprietor use home address) (No PO Box or paid mailbox)			Date of Birth
City	State	Zip Code	Telephone #
Email Address	Percentage of Ownership	%	Social Security # 
<b>C</b> Name of Authorized Representative		Title	

**Do you have any additional owners (not listed above) that have 10% or greater ownership?**  Yes  No

**Is there anyone not listed above who has the authority to make financial decisions or control company policy on behalf of your business?**  
 Yes  No