

Pre-Approval Questionnaire (FAX Version)

Fax to 214-239-2841

REFERRED BY:	<input type="text"/>
OWNERSHIP:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Non-Profit
BUSINESS/ CORPORATE NAME:	<input type="text"/>
D.B.A. NAME: (Doing Business As)	<input type="text"/>
LOCATION ADDRESS:	<input type="text"/>
CITY:	<input type="text"/>
STATE:	<input type="text"/>
ZIP:	<input type="text"/>
BUSINESS PHONE:	<input type="text"/>
BUSINESS FAX:	<input type="text"/>
CONTACT:	<input type="text"/>
DATE BUSINESS OPENED:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
<hr/>	
AVERAGE CREDIT CARD TICKET: \$	<input type="text"/>
MONTHLY VOLUME: \$	<input type="text"/>
PRODUCT OR SERVICE SOLD:	<input type="text"/>
WEB ADDRESS:	<input type="text"/>
<hr/>	
Additional Services:	<input type="checkbox"/> Gift / Loyalty Cards <input type="checkbox"/> Wholesale Business Printing Needs <input type="checkbox"/> Online Credit Card Processing <input type="checkbox"/> PayCard for Direct Deposit Payroll <input type="checkbox"/> Cash Advance based on V/MC processing <input type="checkbox"/> ACH Processing (debit checking accounts)