

ONCE COMPLETED PLEASE FAX TO AXIA (FAX NUMBER BELOW) WITH THE FOLLOWING NECESSARY ITEMS:
 SUBMIT A VOIDED CHECK FROM YOUR ACCOUNT FOR WHICH ELECTRONIC PAYMENTS WILL DEPOSIT INTO
 FOR EXISTING VISA/MASTERCARD MERCHANTS - PLEASE SUBMIT THE LAST 3 MONTHS PROCESSING STATEMENTS

Merchant Information

Legal Name _____ DBA _____
 Location _____ City _____ ST _____ ZIP _____
 If Leasing Site, Landlord Name _____ Ph # _____
 Location Contact _____ Ph. # _____ Fax # _____
 Email _____ Web Site _____
 Mailing Address _____ City _____ ST _____ ZIP _____
 Corporate Contact _____ Ph. # _____ Fax # _____
 Check One: Corp. Proprietorship Partnership LLC Other
 Federal Tax ID#: ____ - _____ Years In Business _____ Years At Location _____ # of Loc's _____

Bank Reference

Depository Bank _____ Address _____ City _____ ST _____
 Contact _____ Ph.# () _____ - _____ Account # _____

Owner/Officer/Director/ Principal Information

1st Principal Name _____ Title _____ Ownership % _____
 Home Address _____ City _____ ST _____ ZIP _____
 Home Phone# () _____ - _____ Soc. Sec. # _____
 Email: _____

Business Trade References

Bus. Name _____ Contact _____ Acct# _____ Ph# () _____ - _____
 Bus. Name _____ Contact _____ Acct# _____ Ph# () _____ - _____

Current Processing Information

Amex # _____ Discover # _____ Diners # _____

ACH/Virtual Check Processing Information

% of ACH's keyed/entered by: Merchant _____ % Customer _____ % (only Internet Transactions can be initiated by customer)
 % of ACH's with written approval from customers for access to their checking account _____ %
 ACH Annual Volume _____ Average Transaction Amount _____ Max Transaction Amount _____
Please contact Axia if you have multiple bank accounts and would prefer to separate your ACH transactions accordingly