

X-Charge™ Merchant Worksheet

Rep Code: 6647

Please return completed form by fax to: (208) 988-3015 Attn: Barbara Rivard. For questions, or additional information, call 800-217-3927 or email: Barbara.rivard@xcharge.biz

BUSINESS NAME AND ADDRESS INFORMATION

| | |
|---|---|
| Legal Business Name | Merchant "Doing Business As" Name |
| Legal Address | Location Address |
| City/State/Zip | City/State/Zip |
| Phone Fax | Phone Fax |
| Years in Business Corp/Partnership/Sole P | # of locations Tax ID# (9 digit no.) |
| Email Address | Website Address |
| Contact Name | Landlord Name & Phone # (if building is leased) |

BANK CARD INFORMATION

| | |
|------------------------------|----------------------|
| American Express # | Discover# |
| Diner's Club# | Other Cards Accepted |
| Annual Mastercard/Visa Sales | Average Ticket |

OWNER / OFFICER

| | |
|------------|---|
| Name | DOB SS# |
| Address: | City/State/Zip |
| Home Phone | Years at residence Do you own or lease? |

BANK REFERENCE

| | |
|----------------|---|
| Principal Bank | Phone Number |
| Account # | Routing Transfer # |
| Contact | Please fax copy of voided check for deposit account along with this worksheet. |

TRADE REFERENCE

| | |
|-----------|---------|
| Name | Phone# |
| Account # | Contact |