

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